

Please Circle All that Apply:

Vegetarian \ \ Kosher \ \ Smoker \ \ Nonsmoker

Please Tell Us How You Heard About This Program

Please List your Educational Background and Art Training

What do You Expect to Gain by Attending This Program?

Comments, Questions, and Concerns:

Payment Method

- Visa
- American Express
- Bank Transfer
- Check Enclosed

Card Number	Expiration Date
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Card Holder Signature

Bank Transfer and Checks -

Program fees may be in the form of a check payable to Bezalel Labs, LTD and attached to the application or in the form of a bank transfer to the account of: Bezalel Labs LTD account #901 09940077 Bank Name - Bank Leumi Le-Israel B.M Jerusalem Main Branch .SWIFT CODE/ BIC/TID LUMILITXXX. IBAN CODE -IL63010901000009940077. Routing Number - IL010910 . If payment is made in the form of a bank transfer, the original deposit slip indicating the candidate's name and amount of deposit must be attached to the application from. Applicants should keep a copy.

Program fees include:

- Double Room Accommodations
- Meal Plan (Breakfast and Lunch)
- Travel within Israel
- Entrance Fees
- Basic Art Supplies Kit
- Group Guide

*Please allot additional money for expenses such as personal travel, entertainment, additional art supplies, and food.

Application Deadlines

In order to secure student housing, application and payment must be received by June 1st. Special exceptions may be made based upon availability of student housing.

Cancellation Policy

Cancellation fees apply as follows: 30 days prior to start date the cancellation fee is 50% of total cost. Under 30 days prior to start date and "no shows", cancellation fee will consist of the entire program fee. In case Bezalel cancels the program prior to its commencement, 100% of the fees paid on the student's behalf will be refunded.

Health Insurance

Candidates must submit proof of international health insurance policy along with their application.

Admission Checklist

Please submit the following by regular mail or email:

- Completed application form.
- Proof of valid international health insurance.
- Original bank transfer slip- if paying by bank transfer.

Bezalel reserves the right to reject candidates it deems inappropriate for its international programs.

I hereby confirm that the information provided is accurate.

Name

Signature

Date

Questions and Comments Please Contact:

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Continuing Education

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