

## Application for AIJS Membership

Date: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Primary Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email: \_\_\_\_\_

Do you currently offer a post-secondary higher education program/courses?

Yes  In Planning Stage  No

Does/will your program completion require at least 30% coursework in Jewish Studies?

Yes  No

Highest academic level currently offered:

Bachelors level (or above)  Associate Level (2 year degree or certificate)  One year Certificate

Courses only  Not currently offering courses. We plan to begin on \_\_\_\_\_

Other:

\_\_\_\_\_

Do you plan to pursue AIJS accreditation?  Yes  No, interested in membership only.

If yes, what is your time frame for beginning the accreditation process:

immediate  near-term  long-term (over 2 years)

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Are you currently accredited with any other accreditation agency?

No  Yes, Name: \_\_\_\_\_

Do you plan to use AIJS as the primary accreditor for securing US Department of Education Title

IV Financial aid eligibility?  Yes  No

Are you affiliated with a particular High School?  No  Yes, Name: \_\_\_\_\_

Academic Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Administrative Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Fiscal Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Address of any additional location(s): \_\_\_\_\_

\_\_\_\_\_

I understand that membership of AIJS requires a \$10,000 yearly fee.

I understand that membership in AIJS does not grant or imply future accreditation.

Signature: \_\_\_\_\_

Print Name/Title: \_\_\_\_\_

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**For office use only:**

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Check received \_\_\_\_\_

Check no. \_\_\_\_\_