

INTENSIVE ENGLISH PROGRAM APPLICATION FORM

Please answer all questions and type or print clearly.

STUDENT INFORMATION (Enter information as it appears on your passport)

Family Name:	First Name:	Middle Name:
Date of Birth (Month/Day/Year):	Country of Birth:	Country of Citizenship:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Email:	Phone:
SSN:		

In compliance with Florida statute 119-07(1): SSN is requested for the sole purpose of registering noncredit, continuing education students. SSN's are confidential, are immediately converted to student ID or "B" numbers to insure confidentiality and may be used for no other purpose. SSN's may only be disclosed to another agency or governmental entity if necessary for the receiving agency or entity to perform its duties and responsibilities as authorized by law.

Student Address in Home Country

Street address:
City/Province:
Country:
Postal Code:

Please check the session for which you are applying:

Summer Session (May – Aug.) Fall Session (Aug. – Dec.) Spring Session (Jan. – May)

Future Plans

What do you plan to do after studying English?

<input type="checkbox"/> Study in the United States	<input type="checkbox"/> Study at EFSC	<input type="checkbox"/> Study in my home country
<input type="checkbox"/> Work in the United States	<input type="checkbox"/> Work in my home country	<input type="checkbox"/> Other: _____

Applicant's Signature: _____ Date: _____

Please complete the Application and Financial support Information and mail it with the following:

1. A non-refundable \$100 is due for processing in the form of a bank certified check or money order payable to Eastern Florida State College.
2. An original bank statement showing financial support.
3. A copy of high school diploma. (Translation to English included)

COMPLETE AND RETURN THE ABOVE PAGE TO:

INTENSIVE ENGLISH PROGRAM
Eastern Florida State College
250 Community College Parkway
Palm Bay, FL 32909

Telephone: (321) 433-7516 • Fax: (321) 433-7531 • e-mail: dobrosielskia@easternflorida.edu

FINANCIAL INFORMATION

In order to receive an I-20, you must complete this form and provide a financial statement from you or your sponsor certifying that you enough funds for tuition and living expenses while you are in the U.S. Send a current bank statement or a letter of financial support for the minimum sum of \$25,000.00 for your academic year. Bank statements should not be more than 3 months old. If your sponsor is unable to complete this form, a separate letter of support can be submitted with this application.

Please indicate the source and amount of funds available for your first academic year (minimum of \$25,000.00).

\$ _____ **PERSONAL FUNDS** – You will need to submit an original of your bank statement or similar document.

\$ _____ **SCHOLARSHIP** – if you have a scholarship or financial support from an organization, we will need a Letter of Financial Guarantee addressed to Eastern Florida State College. The letter must state the period of coverage.

\$ _____ **FAMILY OR OTHER SUPPORT** – You must provide the following statement signed by the person who will be responsible for your expenses while you are at Eastern Florida State College.

Please complete the following:

Student's name:
Sponsor's name:
Relationship with sponsor:
Address:
Country:
Phone number:

I hereby certify that I will be financially responsible for the expenses of the above referenced student during his/her stay at Eastern Florida State College. I am able to provide the amount indicated above for one academic year.

Sponsor's Signature: _____ **Date:** _____

Please be sure to attach bank statements, letter from bank official, letter from employer or other documents verifying your ability to cover the student's expenses.

FAMILY INFORMATION

If you plan to bring your spouse and/or your children with you to the U.S., they will need to be included on your I-20. Submit a copy of each dependent's passport. An additional \$4,000 must be included in the financial guarantee for each dependent per semester.

Family Name:	First Name:	Middle Name:
Date of Birth: (Month/Day/Year)	Country of Birth:	Country of Citizenship:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Relationship to you: <input type="checkbox"/> Child <input type="checkbox"/> Spouse

Family Name:	First Name:	Middle Name:
Date of Birth: (Month/Day/Year)	Country of Birth:	Country of Citizenship:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Relationship to you: <input type="checkbox"/> Child <input type="checkbox"/> Spouse

Family Name:	First Name:	Middle Name:
Date of Birth: (Month/Day/Year)	Country of Birth:	Country of Citizenship:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Relationship to you: <input type="checkbox"/> Child <input type="checkbox"/> Spouse

How did you First Find out about EFSC's Intensive English Program?

<input type="checkbox"/> A search for English programs on internet	<input type="checkbox"/> Found the link on another web page	<input type="checkbox"/> EFSC's web site
<input type="checkbox"/> A friend or family member recommendation	<input type="checkbox"/> IEP Brochure	<input type="checkbox"/> A past or present student from IEP
<input type="checkbox"/> U.S. Embassy or Consulate	<input type="checkbox"/> Advertisement in print or online magazine	<input type="checkbox"/> Other _____

Application Checklist

- Non-refundable \$100 Application Fee (we accept money orders and bank checks by mail)
- Copy of transcripts and/or diploma from high school (include translation)
- Proof of financial responsibility
- Copy of passport
- Copies of current visa and I-94 (if applicable)