

2017 Application

FAMILY NAME: _____ **MIDDLE NAME:** _____ **FIRST NAME:** _____

ELIGIBILITY

High school students who are 15-17 years old are eligible.
 Students admitted to this program are required to have a minimum English proficiency of B1 as indicated by the Common European Framework (CEF): <http://tinyurl.com/CEF-Reference-Levels>
 A letter of recommendation from an English teacher which includes the student’s English proficiency level must be submitted with the application: <http://tinyurl.com/EdUSAAcademyTemple2017>

ACCEPTANCE & I-20 APPLICATION

The Intensive English Language Program will send admissions decisions by e-mail. Your complete application should be processed in 3 business days (“business days” in the USA are Monday, Tuesday, Wednesday, Thursday, and Friday only). If you do not hear back from us in 3 business days, please email ielpapps@temple.edu.

The I-20, certificate of eligibility needed to apply for your F-1 student visa, will be created once you have submitted ALL the required documents. **Please note that the IELP may require original bank statements be mailed before an I-20 can be issued.** We will send you an admissions packet containing the Form I-20, an acceptance letter, and information to help you plan for your arrival.

PROGRAM DATES & PRICES

| Application Deadline | Dates | Cost** | Deposit*** Deadline | Program Fee Payment Deadline |
|----------------------|-----------------------------|------------|---------------------|------------------------------|
| May 15, 2017* | July 6, 2017 –July 29, 2017 | USD\$4,550 | June 12, 2017 | June 26, 2017 |

*Apply by May 15 to reserve your guaranteed enrollment in the program. Applications can still be submitted by June 5, however, enrollment may not be guaranteed.
 **Cost includes tuition, fees, health insurance, ground transportation, food and lodging. The student is responsible for their flight to the U.S.
 ***USD\$500 deposit is required. This is a nonrefundable enrollment deposit which will be applied toward program tuition and secures your place in the program.



APPLICATION CHECKLIST

- Completed application
- USD\$50 application fee (non-refundable) *
- Original bank or financial statement
- Photocopy of passport
- Teacher Recommendation Form <http://tinyurl.com/EdUSAAcademyTemple2017>
- SEVIS Transfer edibility form (transfer students only) www.tinyurl.com/IELPTransfer
- Media Release Form
- Travel Release Consent Form (Appendix I)
- Temple University Parent/Guardian Minor Guest Consent Form & Medical Release (Appendix II)

*The paper application fee must be in the form of a check or money order. Check or money order should be made payable to **Temple University**. If you want to use a credit card, you are required to go online and pay your application fee. Please contact us if you have any questions.

Mail the above application documents to
 Temple University IELP
 1700 North Broad Street, Suite 209
 Philadelphia, PA 19121 USA
ielpapps@temple.edu

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PLEASE PRINT

FAMILY NAME: _____ **MIDDLE NAME:** _____ **FIRST NAME:** _____

PERSONAL INFORMATION

Birthday date (month/day/year): _____ / _____ / _____ Preferred Name: _____
 Gender: Male Female
 Country of Birth: _____ Country of Citizenship: _____
 City of Birth: _____ Native (First) Language: _____

ACADEMIC INFORMATION

Name of High School: _____ Expected Year of High School Graduation (ex.2018): _____
 City and Country of High School: _____ (City)/ _____ (Country)

STUDENT CONTACT INFORMATION

Home Country Address:

Street Address 1: _____
 Street Address 2: _____
 City: _____ State/Province: _____
 Country: _____ Postal Code: _____
 Phone Number: _____

U.S. Address (if applicable):

Street Address 1: _____
 Street Address 2: _____
 City: _____ State: _____
 Country: _____ Postal Code: _____
 U.S. Phone Number: _____

Email Address*: _____

Alternative Email Address: _____

**IMPORTANT! This is the primary form of communication prior to your arrival. Please check this email frequently*

Which address do you prefer for your I-20 and welcome package to be mailed?

Home Address U.S Address Pick up from IELP office Other**

(**Please provide specific mailing address including street address, city, state, country and postal code for mailing if you chose **other** above):

VISA INFORMATION

- I need a Form I-20 to apply for an F-1 student visa
- I am currently studying in the U.S. on an F-1 visa and will transfer my Form I-20 (see box)
- I do not need an F-1 student visa because:
 - I am a U.S. citizen or permanent resident
 - I have another type of visa that allows me to study in the U.S.
Type of visa: _____ (Please send a copy)
 - Other: _____

TRANSFER STUDENT

Are you attending a school in the U.S.?

Yes No

If Yes, name of school:

Date you will finish (month/day/year):

_____ / _____ / _____

Please submit a SEVIS transfer edibility form:

www.tinyurl.com/IELPTransfer

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EMERGENCY CONTACT INFORMATION (Parent/legal guardian)

PARENT/GUARDIAN #1 (Required)

Family Name: _____ First Name: _____ Relationship to Student: _____

Home Country Address:

Street Address 1: _____

Street Address 2: _____

City: _____ State/Province: _____

Country: _____ Postal Code: _____

Phone Number: _____

Email Address: _____

U.S. Address (if applicable):

Street Address 1: _____

Street Address 2: _____

City: _____ State: _____

Country: _____ Postal Code: _____

U.S. Phone Number: _____

Alternative Email Address: _____

PARENT/GUARDIAN #2(Optional)

Family Name: _____ First Name: _____ Relationship to Student: _____

Home Country Address:

Street Address 1: _____

Street Address 2: _____

City: _____ State/Province: _____

Country: _____ Postal Code: _____

Phone Number: _____

Email Address: _____

U.S. Address (if applicable):

Street Address 1: _____

Street Address 2: _____

City: _____ State: _____

Country: _____ Postal Code: _____

U.S. Phone Number: _____

Alternative Email Address: _____

FINANCIAL SUPPORT

Please ensure that your financial support documents show the minimum funds required for tuition and living expenses: \$4,550.

- I am providing a letter from my bank showing that I will pay for my own expenses.
- I am enclosing a letter from my family's bank in my home country. My family will pay for my expenses.
- I am enclosing a letter from my government or other organization showing how much money they will provide.

ADDITIONAL INFORMATION

What is your reason for attending EducationUSA Academy at Temple University?

Please select the option that best reflects your plans.

- | | |
|---|---|
| I want to get a Bachelor's degree in the U.S. | I want to learn about American culture |
| I want to improve my English for academic reasons | I want to improve my English because it is fun! |
| Other _____ | |

How did you hear about EducationUSA Academy at Temple University?

- | | |
|--------------------------------|--------------------------|
| Temple's IELP website | Other website: _____ |
| Education agent: _____ | Friend: _____ |
| In-Country Student Fair: _____ | Counselor/Advisor: _____ |
| Other: _____ | |

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TERMS AND CONDITIONS

- I understand that any misrepresentation of facts on the application or withholding of information may cause refusal of admission.
- I understand that I have a continued responsibility to notify IELP promptly of any information or facts that would change, add to, or otherwise relate to this application or my admission status.
- I understand that the IELP has the right to rescind admission status.
- I understand that the IELP will charge me a \$50.00 NON-REFUNDABLE application fee.
- If I am transferring my SEVIS record to the Temple University IELP from another school in the U.S., I am required to begin studying at the IELP in the first available session after the SEVIS transfer is complete. If I do not begin studying in the first available session at the Temple University IELP, my current SEVIS record will be terminated.

SIGNATURE

I certify that I have read and understand the information in this form and that this information is true and correct.

 Applicant's name

 Date (month/day/year)

 Parent/ Guardian's name

 Date (month/day/year)

MEDIA RELEASE

- I give my consent to Temple University, its employees, and its agents (collectively "Temple"), as well as Temple's licensees, to take and use visual/audio images of me. "Visual/audio images" include any type of recording whatsoever including but not limited to photographs, digital images, drawings, renderings, voices, sound or video recordings, audio clips or accompanying written descriptions. I agree that Temple owns the images and all rights related to them and may transfer those rights.
- The images may be used in any manner or media without notifying me in advance. Such potential uses include educational, promotional, advertising, and trade, through any medium or format, including, but not limited to, videotape, audiotape, film, photograph, television, radio, digital, internet, theater, or exhibition, and may appear on university-sponsored web sites, a Temple licensee's website and in publications, promotions, broadcasts, advertisements, posters and theater slides.
- I waive any right to inspect or approve the finished images or any printed or electronic matter that may be used with them, or to be compensated for them. I understand that I will receive no consideration, monetary or otherwise, regardless of whether or not the project, or any part thereof, is published or sold.
- I release Temple and those acting pursuant to its authority from liability for any violation of any personal or proprietary right I may have in connection with such recording or use. I hereby freely and voluntarily consent to and irrevocably license the use and publication of the images by Temple and Temple's licensees from this date forward.

Yes, I certify that I have read and understand the information in this form and that this information is true and correct.

SIGNATURE

 Applicant's name

 Date (month/day/year)

 Parent/ Guardian's name

 Date (month/day/year)

No, I do not want to give my consent.

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APPENDIX I

TRAVEL RELEASE CONSENT FORM

To Whom It May Concern:

This letter is in relation to my child, _____ [child's name], who is a citizen of _____ and a minor born on ____/____/____ [Month, Day, Year]. My child holds a _____ [country name] passport with the number _____.

I do solemnly swear that I have legal custody of my child and that no pending divorce or child custody proceedings involving my child exist. I do hereby grant full authorization and consent for my child to travel outside of their home country to participate in EducationUSA Academy at Temple University. EducationUSA Academy is a program of the U.S. Department of State, Bureau of Educational and Cultural Affairs. I have approved the following travel plans:

Possible date of travel: July 6, 2017*

**Subject to change based on flight and travel plan.*

Name and contact information of adult responsible for arrival/departure (if not Temple University):

Destinations/Accommodations: Temple University, 1801 N. Broad St, Philadelphia, PA 19122, USA

I authorize Temple University to make changes to the travel plans specified above as needed by the program. Under penalty of perjury, I attest to the truthfulness, accuracy, and validity of the forgoing statement.

Statement regarding medication

I understand that if my child takes medication on a regular basis, he or she is responsible for administering that medication. EducationUSA Academy chaperones have been instructed to not administer any prescribed medicine to student participants.

If your child needs over-the-counter medication (i.e. acetaminophen, ibuprofen, cough syrup, cortisone ointment, etc.), please initial here if you allow our staff and chaperones to administer this to your child.

_____ *Yes, I allow Temple's staff to administer over-the-counter medicine to my child, if needed.*

SIGNATURE

Parent/ Guardian's Signature

Date (month/day/year)

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APPENDIX II

PARENT/GUARDIAN MINOR GUEST CONSENT FORM AND MEDICAL RELEASE Temple University Conference Services (Residence Halls)

I, _____ certify that I am the parent or legal guardian of
 (Parent/Guardian's Name)

_____, who is under the age of 18, and hereby give my consent for
 (Minor Guest's Name)

my child to stay overnight at a Temple University residence hall on the following days: July 6—29, 2017, I also certify that I have legal custody of my child and authority to sign this consent form.

By this document:

1. I recognize that my child is responsible for their own actions while visiting Temple University and staying overnight.
2. I understand that my child's visit is voluntary and that my child will be visiting and staying overnight at their own risk.
3. I understand that as a guest on Temple's campus, my child is required to abide by all policies and regulations as stated in the university's publications, which are available at:
 - a. University Housing & Residential Life Policies: www.temple.edu/studentaffairs/housing/on-campus-living/rights-and-resources.asp
 - b. Student Conduct Code: www.temple.edu/studentaffairs/policies/student-code-conduct.asp
4. In the event of an emergency, I give permission to Temple University to treat and/or transport my child to a hospital for emergency medical treatment and release them from liability for their actions taken in the event of an emergency.

Minor/Guest Name (PRINT): _____ Minor/Guest Date of Birth: _____

Affiliated Host Program: Temple University Summer Conferences Program

Temple Contact Name & Cell Phone: Corrie McFarlane 215-204-3633

Sponsoring Org. Contact: Janice Duenas-McKnight Phone #: 215-204-5526

List current medications: _____
 (Please indicate dosage and frequency)

List allergies: _____

List any special medical conditions: _____

Health Plan Carrier & Insurance No (optional): GeoBlue

In consideration of Temple University allowing my child to visit overnight, the adequacy of which is hereby acknowledged, I hereby release and hold harmless Temple University, its trustees, officers, employees, insurers and agents against loss (including reasonable attorneys' fees) from any and all claims or causes of action for all known and unknown, foreseen and unforeseen, bodily injuries, damages to property and consequences thereof which may be sustained by my child or by me arising out of, or in connection with, my child's overnight visit. I agree to take full responsibility for any damage done to university property by my child.

Parent's/Legal Guardian's Home Phone #: _____ Cell Phone#: _____

Parent's/Legal Guardian's Name (PRINT): _____

Parent's/Legal Guardian's Address: _____

Parent's/Legal Guardian's Name (Signature): _____ Date: _____