



University of Colorado Boulder  
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## APPLICATION CHECKLIST

*Please type or print clearly.*

### APPLICANT INFORMATION (as it appears in your passport)

Family/Last Name	First Name	Middle Name
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Country of Birth: _____	Passport Number: _____
Date of Birth: _____ Month / Day / Year	Country of Citizenship: _____	

### APPLICATION CHECKLIST

All items below must be submitted before the university can process an application and issue an immigration document (I-20):

- Completed *Application Form*
- Completed *Liability Waiver and Medical Treatment Authorization Form*
- Bank statement or bank letter verifying the availability of funds
- Statement of financial support (page 2 of the *Application Form*) signed by parent or guardian
- Photocopy of the identification page of the applicant's passport

## APPLICATION FORM

*Please type or print clearly.*

### SELECT ACADEMY DATES

January 2017 (January 4 – January 28)

July 2017 (July 3 – July 29)

### APPLICANT INFORMATION (as it appears in your passport)

Family/Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Gender:  Male  Female Country of Birth: \_\_\_\_\_ Passport Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_  
Month / Day / Year

Academic Interests or Major: \_\_\_\_\_

Expected Year of High School Graduation (ex. 2017): \_\_\_\_\_

### APPLICANT ADDRESS/CONTACT INFORMATION

Home Country Address (Number and Street) \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Home Country Telephone \_\_\_\_\_ Email Address\* \_\_\_\_\_ Fax Number \_\_\_\_\_

\* This email address is the primary way the university will contact you prior to your arrival. You must check this email account frequently in order to stay informed regarding important program information and updates.

U.S. Address (Number and Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ U.S. Telephone \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION (parent/legal guardian)

Family/Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Home Country Address (Number and Street) \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Home Country Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

### VISA INFORMATION

What type of visa will you apply for?  F-1 Student Visa  Other (please specify): \_\_\_\_\_

If you are in the U.S., what type of visa do you have?  F-1  J-1  Other (please specify): \_\_\_\_\_

### HOUSING, MEAL, AND LIFESTYLE PREFERENCES

Please complete the following questions regarding housing and meal preferences.

Are you comfortable living with pets?  Yes  No

What are your favorite foods? \_\_\_\_\_

Are there any foods you will not eat? \_\_\_\_\_

(continued on the next page)

## HOUSING, MEAL, AND LIFESTYLE PREFERENCES *(continued)*

Do you have any allergies?  Yes  No If yes, please describe. \_\_\_\_\_

Do you have any religious dietary needs (e.g. halal, kosher, etc.)?  Yes  No If yes, please describe. \_\_\_\_\_

**Please check all that apply:**

My character is:  Athletic/Active  Shy/Quiet  Artistic  Humorous  Adventurous  Independent

Other: \_\_\_\_\_

My hobbies are:  Reading  Sports  TV/Movies  Computers  Socializing  Listening to Music

Other: \_\_\_\_\_

**Tell us about your personal habits:**

Neatness:  Neat – orderly and clean  Casual – fairly clean with some clutter  Messy – lots of clutter

Noise levels:  Quiet – low key, private  Flexible – respect quiet time  High energy – like loud music/TV

Study habits:  Study every day  Study as needed  Study last-minute  Study in the room  Study at the library  Study outside

Staying up late (after 11pm):  Rarely  Sometimes  Often

Waking up early (before 7am):  Rarely  Sometimes  Often

Sleep sensitivity:  Light sleeper  Normal sleeper  Heavy sleeper

**Tell us your t-shirt size:**

Extra-Small (XS)  Small (S)  Medium (M)  Large (L)  Extra-Large (XL)  Extra-Extra-Large (XXL)

Other: \_\_\_\_\_

## SPECIFIC MEDICAL CONDITIONS AND LEARNING DISABILITIES

The University of Colorado Boulder is committed to diversity, inclusion, and meeting the needs of all of our students through access and accommodation. The answer to the following question in no way influences a student's acceptance into the EducationUSA Academy.

Do you have a specific medical condition or learning disability?  Yes\*\*  No

\*\* If your answer is YES, we will send you a brief survey before June 1 to get more information on your needs so that we can provide you with the appropriate accommodations.

## FINANCIAL SUPPORT

A financial guarantee/statement or letter verifying availability of funds to support you during your EducationUSA Academy studies must be submitted with your application. This statement or letter must be less than 3 months old and written by a bank or a supporting agency (such as a government sponsor). Please choose one of the options below (family, sponsor, or other) indicating whom will assume financial responsibility.

Sources of Financial Support:  Family  Sponsor  Other (please specify): \_\_\_\_\_

Sponsor/Relative/Friend's Name \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Address (Number and Street) \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Telephone \_\_\_\_\_ Email Address \_\_\_\_\_ Fax Number \_\_\_\_\_

**Total Program Cost:** \$5,000 USD

**I certify that sufficient funds will be available for the duration of the applicant's studies at the EducationUSA Academy at the University of Colorado Boulder.**

Financial Guarantor Signature \_\_\_\_\_ Date (Month / Day / Year) \_\_\_\_\_

Please Print Name \_\_\_\_\_

## CRIMINAL HISTORY

Do you have a pending criminal charge OR have you ever been adjudicated guilty or convicted of a misdemeanor, felony, or other crime? Note that you are not required to answer "yes" to this question, or provide an explanation, if the criminal adjudication or conviction has been expunged, sealed, annulled, pardoned, destroyed, erased, impounded, or otherwise ordered by a court to be kept confidential. (Misdemeanor traffic offenses are exempt.)

Yes\*\*\*  No

\*\*\* If your answer is YES, please complete the form located at the following address: <http://iec.colorado.edu/sites/default/files/u7456/CriminalHistorySupplement.pdf>. Include this form in your application materials.

Have you ever been placed on probation, suspended, expelled, or been subject to official disciplinary action from any high school or postsecondary institution for any academic misconduct or behavioral misconduct?

Yes  No

(continued on the next page)

**MEDIA RELEASE**

**For Applicant:**

I, the undersigned, hereby irrevocably grant permission to the EducationUSA Academy at the University of Colorado Boulder, World Learning, and the U.S. Department of State's Bureau of Educational and Cultural Affairs (ECA) and its agents, contractors, grantees, partners, and employees, or their agents and assigns, to photograph, film, reproduce, transcribe, or otherwise record and use (including release, publish, quote, or broadcast) my image and/or voice in connection with the exchange program in which I am a participant and/or in my related activities as an alum of the program.

Additionally, I hereby authorize the EducationUSA Academy at the University of Colorado Boulder, World Learning, and ECA and its agents, contractors, grantees, partners, and employees, or their agents and assigns, to release, publish, broadcast or quote such material, including my name, and any program-related material I myself may create (including photographs and writings).

With respect to this material, I understand that content may be included in future speeches, on the Internet, and through multiple broadcast channels and print media, but that such content will not be used for commercial purposes.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date (Month / Day / Year)

**For Parent/Legal Guardian:**

I, the undersigned, as the parent and/or legal guardian of the ECA program participant, hereby grant the above permissions and authorizations on behalf of the above-mentioned participant.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date (Month / Day / Year)

**CERTIFICATION AND SIGNATURE**

**I hereby certify that, to the best of my knowledge, the information furnished on this application is true and complete.** I understand that, if found to be otherwise, it is sufficient cause for refusal or dismissal. I agree to observe all campus policies and regulations including the University honor code.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date (Month / Day / Year)

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date (Month / Day / Year)