



2016 Application



INSTITUTE OF
INTERNATIONAL
EDUCATION



IIE SCHOLAR RESCUE FUND® – ELS SCHOLARSHIP PROGRAM

These full tuition academic scholarships are available for use by IIE-SRF Scholars, their spouses and their children at any ELS Language Center. Housing costs are not included.

1 Tell us about yourself!

Name

Family Name (as shown on passport)

First Name(s)

Full Middle Name

Gender Male Female

Contact Address

Street Address

City, State

Country

Postal Code

Telephone (country and city code)

Fax

E-mail

Mailing Address (if different than Contact Address)

Street Address

City, State

Country

Postal Code

Phone Number

Date of Birth

Month/Day/Year

Country of Birth

Country of Citizenship

Do you have any allergies? yes no If yes, please list _____

Do you have any medical needs? yes no If yes, please list _____

Do you have any special dietary restrictions? yes no If yes, please list _____

2 Program and Housing Information

(Housing options vary by location; details available from chosen Center.)

Pick your program and housing.

LOCATION

ELS has over 60 Centers in the U.S.A. Please visit ELS.edu/Centers for U.S. and International location options.

Preferred Center: _____

PROGRAM

CHECK APPROPRIATE CIRCLE

- English for Academic Purposes
- General English
- Semi-Intensive English Program
- American Explorer
- The Complete Prep Program for the TOEFL iBT®

START DATE (SCHEDULE A/B)

Each Center offers 13 start dates per year.

Please visit ELS.edu/Centers for Center-specific details.

Preferred Start Date: _____

How many weeks would you like to study at ELS?

- 4 weeks
- 8 weeks
- 12 weeks
- 16 weeks
- 20 weeks
- 24 weeks
- Other _____

HOUSING (cost not included in scholarship)

- On-Campus
- Homestay
- No ELS Housing

For how many weeks would you like to reserve your housing?

(Must not exceed study sessions) Not included in the scholarship

- 4 weeks
- 8 weeks
- 12 weeks
- 16 weeks
- 20 weeks
- 24 weeks
- Other _____

Application Fee (one time)	Waived
Materials & Technology Fee (per session - applicable programs only)	Waived

For ELS information, please contact
Ms. April Bollwage at abollwage@els.edu

For IIE-SRF information, please contact
Ms. Melissa Mott at mmott@iie.org

Internal Use Only

3 Visa Information

- Are you in possession of a valid U.S. student visa and would you like to transfer FROM another institution? Yes No
- If YES to question 1, please write the name of the institution you are attending. _____
- Do you need a Form I-20 with your Welcome Package? Yes No
- Please list any dependents (spouse or child) who will travel with you to the USA and require an F-2 visa. (If listing more than ONE, please include a separate page.)

Family Name	First Name	Middle Name
Gender	Date of Birth	Country of Birth
Citizenship	Relation to Student	

4 Additional Services

- How do you want ELS to send your Welcome Package and any other relevant materials, including visa documents?
 - Express Mail (non-refundable \$110 for international service, \$65 for U.S./domestic service)
 - Regular airmail (10-15 business days for delivery)
- Would you like ELS to arrange airport pick-up service for your arrival? Yes No
- Would you like to purchase the ELS Student Health plan?

All ELS students must have health insurance valid in the USA. If you cannot provide proof of your own insurance in English, you must enroll in the ELS Student Health Plan. Yes No

7 Financial and Health Statement/Information Release

I understand that my expenses (excluding personal miscellaneous expenses) per session while studying at ELS Language Centers will be as indicated in the Application and Important Information addendum. I agree to accept full responsibility for these expenses. I have also read and understand the ELS cancellation and refund policy. I agree to accept full responsibility for my actions while participating in the Program and any related activities (including excursions and/or internships) and agree to assume all risk of harm arising from my participation, unless caused by ELS's negligence.

I hereby agree that ELS shall have the right, in its sole discretion, to terminate my attendance in any ELS program of study if I do not comply with ELS rules and regulations. This also will result in a loss of the IIE/ELS Scholarship.

In case of illness and/or injury, permission is granted to any appropriate medical center to examine or treat and make necessary referrals to outside physicians as indicated. Permission is also granted to release information regarding my health to other designated individuals. I authorize ELS Language Centers to release information regarding my studies to my guardian or sponsoring agency. I further authorize ELS Language Centers to release my ELS academic records to any colleges or universities to which I apply. I understand that I have the right to review my official ELS student record.

I hereby grant ELS Language Centers and its subsidiaries, associated companies and licensees, permission to photograph, record and videotape me while attending ELS Language Centers or activities conducted by ELS Language Centers. I understand that ELS Language Centers will own the still photographs and/or video footage in which I appear, and have the unrestricted right to publish such photographs and use such video in any ELS Language Centers sales literature, on the ELS Language Centers Web site and in any other ELS Language Centers material, and shall have the right to license others to do the same. I further understand that this grant is intended to be worldwide in scope and to apply to all media now existing or hereafter developed.

I am unable to grant ELS usage of my photograph/video and will discuss this with the Center Director. I will avoid group photography.



Signature of Applicant

Date

Signature of Parent or Guardian if Applicant is under the age of 18

Date

5 Academic Goals

- Do you plan on attending a U.S. university or college after studying English at ELS? Yes No
- If you answered YES to question 8, have you already been accepted by a U.S. institution? Yes No
- If you answered YES to question 9, please write the name of the university or college where you have been accepted. _____

6 Emergency Contact

- Please provide contact information for a person ELS can reach in case of an emergency.

Name _____

Relationship _____

Street Address _____ City _____

State/Province _____ Country, Postal Code _____

Telephone (country and city code) _____ Fax _____

E-mail _____

How to send payment

All payments must be made in US dollars. Do not send cash. ELS accepts payment by money order, check (drawn on a US bank), travelers checks and credit cards.



Payment Worksheet

Application Fee: \$ Waived

Tuition Prepayment: \$ Waived

Housing Deposit:** \$ _____ (\$300 per session of housing requested; \$400 per session at ELS/New York (Manhattan) and ELS/Washington, D.C.)

Airport Pick-up Fee:** \$ Waived (see reverse side for details)

Express Mail Fee:** \$ _____ (\$110 international service; \$65 domestic/US service)

Total Fees Due:* \$ _____

*Balance of fees must be paid before or upon arrival at Center
**if requested

Credit Card Authorization

VISA Mastercard AMEX Diners JCB

Credit Card Holder Name _____

Relationship to Student _____

Credit Card Number _____

Expiration Date _____ Validation Code _____
(code located on back of VISA, MC, JCB or Diners and on the front of AMEX)

Amount authorized to be charged: \$ _____ (includes application fee)



Signature

*For complete explanation of refund policies, refer to the Important Information page