

STUDENT APPLICATION FOR J-1 VISA PUBLIC SCHOOL PROGRAM

Complete and return with \$50.00 nonrefundable application fee (money order, traveler's check or wire transfer) to:

Admissions
Educational Consortium Institute
PO Box 2434
170 Carol Way
Aptos, CA 95003 USA

**Please attach one passport
photograph
to this application.**

Date _____

_____ Expected date of arrival
___ Yes, I want to take the TOEFL (Test of English as a Foreign Language). I have included \$130 for each time I want to take the test. Two times maximum.
___ Yes, I need airport transportation: ___ San Jose (SJC) \$45 ___ San Francisco (SFO) \$55

Grade Entering ___ Freshman ___ Sophomore ___ Junior ___ Senior

Student Name (First, Middle, Last) _____ Date of Birth (M/D/Y) _____ Country of Citizenship _____

Street Address _____ City _____ State/Prefecture _____

Country _____ Postal Code _____ Home Telephone _____ Home Fax _____ e-mail _____

Name of Mother _____ Occupation _____ Work Phone _____

Address if different from above _____

Home Phone if different from above _____ e-mail _____

Name of Father _____ Occupation _____ Work Phone _____

Address if different from above _____

Home telephone if different from above _____ e-mail _____

Parents' marital status ___ married ___ separated ___ divorced ___ never married ___ widowed

Have you ever been suspended or expelled from school? ___ Yes ___ No

If yes, please explain _____

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EDUCATIONAL INFORMATION

List schools attended from 8th Grade to current year.

8th School Year _____ - _____ SchoolName _____

Address (Street Address, City, State/Province, Country, _____)

9th School Year _____ - _____ SchoolName _____

Address (Street Address, City, State/Province, Country, _____)

10th School Year _____ - _____ SchoolName _____

Address (Street Address, City, State/Province, Country, _____)

11th School Year _____ - _____ SchoolName _____

Address (Street Address, City, State/Province, Country, _____)

List the core or solid subjects you took and the grades you received at your previous schools. It is important that you be as complete as possible.

8 th Grade		9 th Grade		10 th Grade		11 th Grade	
Course	Grade Earned	Course	Grade Earned	Course	Grade Earned	Course	Grade Earned

Are you currently taking any prescription medications? Yes No If Yes, please list the medications and reason for taking them.

Highest TOEFL Score _____ Date of test _____ (Please include a copy of results with this application.)

PERSONAL STATEMENT:

Explain your reasons for wanting to participate in this program. Include a description of the qualities you possess that make you a good candidate for this program. (Attach Personal Statement to this application.)

CHECKLIST: With this application I have included

- Completed application with picture
- Personal Statement
- Two student evaluation forms from teachers, counselors, or school administrators
- Home Stay Application with pictures
- Medical Consent Form
- Application fee