



PROGRAM APPLICATION

Albany on the campus of Linn-Benton COMMUNITY COLLEGE

Monmouth across the street from WOU

PERSONAL INFORMATION

Family Name _____ Preferred Name or Nickname _____

First Name _____ Gender Male Female

Birth date: month ____ /day ____ /year ____ Passport Number _____

Country of Citizenship _____ Country of Birth _____

E-Mail address _____

Will you have dependents in the U.S. with you? No Yes If yes, attach a photocopy of each dependent's passport, visa, I-94

How did you hear about the ELCI? _____

HOME COUNTRY ADDRESS

Street _____

City _____ Prefecture/Province _____

Country _____ Postal Code _____ Phone _____

Emergency contact person in the in the U.S. or home country

Name _____ Phone _____

IF YOU LIVE IN THE UNITED STATES

Address: _____

City _____ State _____ Postal Code _____ Phone _____

What is your current immigration status? F1 F2 Visa Other _____

ENGLISH LEVEL

What is your native language? _____ What is your English ability? fluent good fair basic

Have you taken the TOEFL or IELTS? YES NO SCORE _____

Have you completed secondary school in your country? YES NO Date of Graduation _____

COURSE INFORMATION

Start date _____ End date _____ Number of weeks? _____

Full-time (F-1 VISA): Intensive English Intensive English Package __ 3 months __ 6 months __ 9months
 Head Start to High School

Specialty Part Time (visitor or F-2 VISA):

Part Time Intensive English HAVA (Homestay and Volunteer America) Super Summer Flex

Do you need a student visa? YES NO

Are you transferring from another college or English language program? YES NO

If yes, provide name of institution _____

Please send the I-20 & Acceptance Letter to : Home Other Pick up at ELCI DHL

Address to send the Acceptance Packet:

TRANSPORTATION

Do you want airport pickup (\$120) YES NO (One way from Portland International Airport - PDX)

HOUSING OPTIONS

Homestay (\$187.50/week)

Please complete the *Happy Homestay* Application on the website, and send it by email attachment to your school of choice.

APPLICATION PAYMENT – NON-REFUNDABLE

You must include proof of financial support and the \$150 application fee before issue of I-20.

Visa/MasterCard Number _____

Expiration Date _____ CVS _____ Billing Zip Code: _____ (required)

Card Holder First Name _____ Card Holder Last Name _____

Signature _____

PROGRAM PAYMENT

ONE FULL TERM (3 sessions) MUST BE PAID PRIOR TO ORIENTATION DAY. *All fees are non-refundable*

Check or Cash Wire (see Wire Instructions on the invoice)

INSURANCE

All students are required to have medical insurance for the duration of their study. The ELCI offers an insurance policy for our students. Spouse and family members are also required to have medical insurance. The insurance premium must be paid prior to registration.

AGREEMENTS

Photography Permission

I, _____, do understand and acknowledge that photographs of student activities are and will be taken during my attendance at the ELCI. I give complete permission that such photos may be used, at the discretion of the ELCI Staff, for promotional purposes in print and on the World Wide Web.

Report to parents, sponsors and agents

I understand that the ELCI may release information to my parents, Sponsoring Agency and/or my Agent.

PARENT INFORMATION

Father's Name _____ Mother's Name _____

Phone _____ Phone _____

E-mail _____

Emergency Contact Name _____

Address _____

ALL STUDENTS

I affirm that the information provided in this application is correct.

Student Signature _____ Date _____

Parent Signature (If under 18) _____ Date: _____

Please Send Completed Application to Your Preferred Location:

ALBANY

Mail: ELCI – Albany
6500 Pacific Blvd. SW
Albany, OR 97321
FAX: 541-610-1661
E-MAIL: albany@elci.us

MONMOUTH

Mail: ELCI
300 North Stadium Drive
Monmouth, OR 97361
FAX: 503-838-4476
E-MAIL: admissions@elci.us

(To Email: Scan Application and supporting documents and attach to e-mail)
