



**STUDENT APPLICATION
U.S.A. PROGRAM**

STUDENT INFORMATION

PROGRAM TYPE (check one that applies)

Application Date: _____ -

____ Academic Year (Commencing September)

____ Academic Year (Commencing January)

____ Winter Camp ____ Summer Camp

Other _____ Specify: _____

Student's Name

Address

Last First Middle

Date of Birth _____ Birth Place _____ Phone No _____

E-Mail _____ City Country

Name of School Attending Currently _____ City _____ State _____

Phone No. _____

Current Grade Level _____ GPA (Grade Point Average) _____

If currently participating in home stay program:

Host family Name _____ Phone No. _____

English Level (check one) Beginning ____ Intermediate ____ Advanced ____

SLEP Test Score _____ TOEFL Score _____

Eye Color: _____ Hair Color: _____ Height: _____ Weight: _____

Passport Number: _____ Country Issued By: _____

Issue Date: _____ Expiration Date: _____ Nationality: _____

mm/dd/yy

mm/dd/yy

Religion: _____

TRAVEL/STUDY

In the U.S.A.

City _____ State _____ Program _____ School Name: _____

Dates: _____

City _____ State _____ Program _____ School Name: _____

Dates: _____

Outside the U.S.A.

Country _____ Program/School Name: _____ Dates: _____

Country _____ Program/School Name: _____ Dates: _____

FAMILY INFORMATION

Father's Name

Address

_____ Street Address _____
Last First Middle City _____ State _____
Country _____ Postal Code _____

Date Of Birth _____ Birth Place _____ Tel. No: _____ E-mail _____
Age _____ Cell No: _____

Profession _____ Employer _____
Work Tel. _____

Mother's Name

Address

_____ Street Address _____
Last First Middle City _____ State _____
Country _____ Postal Code _____

Date Of Birth _____ Birth Place _____ Tel. No: _____ E-mail _____
Age _____ Cell No: _____

Profession _____ Employer _____
Work Tel. _____

Do you live with? (Both/Mother/Father) _____

Do you have family who live in The U.S.A.? _____ Relation _____
Location _____

Name of Person in Home Country to Contact in Case of Emergency:

_____ Tel: No: _____ Cell No: _____
E-mail: _____

OTHER FAMILY MEMBERS INFORMATION
(Living in Same Home)

Name	Birth date	Gender	Grade Level	School Attending
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

GENERAL INFORMATION

CHURCH AFFILIATION:

Religion: _____
 Do you attend church? _____ If so, how often? _____
 Name of Church _____ Address _____
 Pastor's Name: _____ Tel. Number _____

ACTIVITIES/HOBIES

Sports

Badminton__ Baseball__ Basketball__ Bicycling__ Boating__ Soccer__ Fencing__
 Football__ Golf__ Volleyball__ Track/Field__ Wrestling__ Martial Arts__
 Gymnastics__ Hockey__ Skating__ Fishing__ Jogging__ Dancing__
 Skiing__ Other _____

Music/Art

Orchestra __ Band __ Piano__ Musical instrument _____
 Violin__ Guitar__ Choir__ Sculpture ____
 Photography__ Drawing__ Painting__ Other _____

Others

Computers__ Watching TV__ Video Games__ Reading__
 Writing__ Internet__ Camping__ Shopping__ Traveling__
 Cooking__ Collecting__ Other _____

List the Activity or Hobbies you are most serious about.

Activity	#yrs	Dates (from-to)	Level (check one that applies)			Awards
			Fair	Good	Excellent	

What is the primary spoken language in your household? _____
 Are there other languages spoken in your house? _____
 Number of years studying English? _____
 Do you have a private tutor? _____ How many years? _____

Do you study any other foreign languages? _____
 Language _____ how long? _____
 Language _____ how long? _____

FAMILY CHORES or RESPONSIBILITIES

cooking__ cleaning__ housework__ yard work__ mowing the lawn__ ironing __
laundry__ clean bathrooms__ dust__ wash dishes__ vacuum__ walk the dog__
take care of pets__ mop floors__ Other_____

Have you ever been convicted of a crime?_____ If yes please explain._____

By signing this application I/we affirm that all the information provided on this Student Application is truthful. I/we affirm that any false information, misrepresentations, and omissions on this application may disqualify me from participating in the Program and may result in dismissal as a program participant if found out at a later date. I/We understand that completing this application does in no way guarantee that I/we will be accepted as a student participant in The Miller Center for International Education, LLC program. I/We understand that if I am accepted in The Miller Center for International Education, LLC program that I/we will need to agree and abide by all their rules regulations and policies, and sign contracts agreeing to the rules regulations and policies. I/We give permission to Miller Center for International Education, LLC, its affiliates and assign to use any and all information provided in this application for Miller Center program purposes, and contact the people and organizations listed on this application and receive and verify any and all information about me.

Student Applicant

Student's Name

Signature

Date

Parents or Legal Guardians

Mother's Name

Father's Name

Signature Date

Signature Date

Official Stamp_____

Official Stamp_____

Student Questionnaire

Why do you want to study in the U.S.A.? _____

What are your goals as a student in America?

Future professional goals: _____

Whose idea was it to study in the U.S.A.? _____

How many years do you plan to stay in the U.S.A? _____

What is your impression or expectations of America and its people?

What is your greatest worry about living in America? _____

How do you plan to deal with it? _____

Do you consider yourself open minded? _____
Explain why? _____

What was one of your biggest challenges in life? _____

How did you deal with it? _____

How would your friends describe you? _____

MEDICAL FORM IMMUNIZATIONS

Student's Name: _____

Date of Birth: _____ Sex: _____ Height: _____ Weight: _____
mm/dd/yy

Students are required to receive and update all of their vaccinations prior to being accepted as a program participant.

- DPT (Diphtheria/Pertussis/Tetanus): Student must receive at least 4 doses with the last dose being given the age of 4.
- DT (diphtheria/Tetanus): Student should receive a booster dose every 10 years.
- Polio: Student must receive at least 3 doses, with the last dose being received after the age of 4.,
- Measles/Mumps & Rubella: Student must receive at least 2 doses of vaccine the first dose on or after his/her first birthday.
- Hepatitis B: Student must receive at least 3 hepatitis b immunizations. It is a requirement in most states.
- TB (Tuberculosis): Student must be given a tuberculin skin test. Results should be attached to this immunization form.
- The student must receive Chicken Pox vaccine if student has not had Chicken Pox.

<i>Immunization</i>	<i>1st Dose</i> <i>mm//dd//yy</i>	<i>2nd Dose</i> <i>mm//dd//yy</i>	<i>3rd Dose</i> <i>mm//dd//yy</i>	<i>4th Dose</i> <i>mm//dd//yy</i>	<i>5th Dose</i> <i>mm//dd//yy</i>
DPT					
DT					
Polio					
Measles					
Mumps					
Rubella					
Hepatitis					
Chicken Pox					

Tuberculin Test: _____ Result: Positive ___ Negative ___
mm/dd/yy

Has the student received a BCG Immunization? _____ If yes when _____
mm/dd/yy

Has the student had Chicken Pox: _____ If so when? _____

GENERAL CHECK UP

Vision

Wears Glasses _____ Contacts _____ None _____

Right Eye _____ Left Eye _____

Hearing

Normal: _____ Yes__ No__

If no describe: _____

Allergies

Yes__ No _____

If yes, describe: _____

Current medical conditions: _____

Currently Taking Medications: _____

Overall Health Condition: _____

Other Health Conditions

Please check any of the conditions that apply or are relevant to the student

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Skin disease | <input type="checkbox"/> Stomach Injuries | <input type="checkbox"/> Back Injuries | <input type="checkbox"/> Limb Injuries |
| <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Anemia | <input type="checkbox"/> Hernia | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Leprosy | <input type="checkbox"/> Addiction to drugs | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Eye disease |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Malaria | <input type="checkbox"/> Typhoid | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Head Injury | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Venereal Disease | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Thyroid Trouble | <input type="checkbox"/> Seizures | <input type="checkbox"/> Measles | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Ear | <input type="checkbox"/> Headaches | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Bone/Joint Disease | <input type="checkbox"/> Allergies | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Heart Disease/Disorder | | <input type="checkbox"/> Mental Condition | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Currently under physicians care | | <input type="checkbox"/> Emotional Nervous breakdown | |
| <input type="checkbox"/> Other chronic illness | | <input type="checkbox"/> Congenital defects | |
| <input type="checkbox"/> Blood Disease/Condition | | <input type="checkbox"/> Emotional | |
| <input type="checkbox"/> Learning Disabilities | | <input type="checkbox"/> Other contagious or infectious diseases | |
| <input type="checkbox"/> Disease of Nervous System | | | |

If any of the above are checked, or any additional observations or health concerns or history of health problems are known please elaborate on the conditions and the dates in the space below:

I the undersigned being a licensed physician and having reviewed the students medical history and having given him/her a thorough physical examination certify that all the pertinent medical information has been noted on this form and based on my examination recommend him/her physically able to participate as a student overseas .

Physician's Signature _____ Date: _____

Physician' Name _____

Physicians Address: _____ Phone Number: _____

APPLICATION PROCEDURE CHECKLIST

Academic Year Program

- Student Application
- Application Fee
- Immunizations/medical Form
- Authorization for Medical Treatment
- Delegation of Parental Authority
- Student Questionnaire
- Program Agreement
- Student Letter (Self introduction)
- Parents Letter
- School Transcripts(last two years)
- Letter of recommendation(school official or teacher)
- Photo album
- Passport Photos (4)
- Delegation of parental authority
- Slep Test Score/ TOEFL (If taken)
- Interview in English
- Student Passport (Photo copy of front page)
- Photo copy of Parents/Legal Guardians Identification
- School application / and requirements (School requirements may vary)

APPLICATION PROCEDURE CHECKLIST

Camp Program

- Student Application (pg.1-4)
- Application Fee
- Immunizations/medical Form
- Authorization for Medical Treatment
- Program Agreement
- Passport Photos (2)
- Student Passport (Photo copy of front page)
- Photo copy of Parents/Legal Guardians Identification

*The above requirements need to be completed in order to be considered as a student in the Miller Center for International Education, LLC program

*Official stamp /dojang and original signatures are needed on each page of the program agreement and application. (Copies will not be accepted)

*Submitting an application is no way a guarantee of acceptance in the Miller Center program.

PHOTO ALBUM

Student's Name: _____

Place photos of yourself that shows your interest and hobbies, or other activities, to show what kind of things you are interested in to your host family. Use at least 3 pages, and you may label the pictures.

