



## The English Language Institute

Marillac Hall room 210 Phone: 718-990-6845 Fax: 718-990-6119 E-mail: [esl@stjohns.edu](mailto:esl@stjohns.edu)

### **THE ENGLISH LANGUAGE INSTITUTE** **I-20 APPLICATION**

#### ***Certificate of Eligibility for F-1 Student Status***

Please send the following documents to The English Language Institute to apply for your form I-20

- completed I-20 application
- a copy of your passport
- all supporting financial documents

**TO BE ELIGIBLE FOR A FORM I-20** you must prove that you have the financial capacity to cover your studying and living expenses in the U.S. for one year.

#### **ESTIMATED EXPENSES FOR THE ENGLISH LANGUAGE INSTITUTE**

Check off the session you plan to begin studying in The English Language Institute:

	<b><u>Spring 1</u></b> <b><u>( )</u></b> 1/28/2021- 3/12/2021	<b><u>Spring 2</u></b> <b><u>( )</u></b> 3/17/2021- 5/5/2021	<b><u>Summer 1</u></b> <b><u>( )</u></b> 5/13/2021- 6/24/2021	<b><u>Summer 2</u></b> <b><u>( )</u></b> 6/30/2021- 8/12/2021	<b><u>Fall 1</u></b> <b><u>( )</u></b> 9/1/2021- 10/20/2021	<b><u>Fall 2</u></b> <b><u>( )</u></b> 10/25/2021- 12/16/2021
<b>Tuition</b>	\$2,052	\$2,052	\$2,052	\$2,052	\$2,052	\$2,052
<b>Fees</b>	125	125	125	125	125	125
<b>Living Expenses</b>	3,800	3,800	3,800	3,800	3,800	3,800
<b>Books and Supplies</b>	100	100	100	100	100	100
<b>Health Insurance</b>	394	394	394	394	394*	394*
<b>Total</b>	\$6,471	\$6,471	\$6,471	\$6,471	\$6,471	\$6,471

*\*Subject to change*

All F-1 International students must purchase St. John's University's health insurance.

**Total estimated expenses for 6 sessions (one year) are \$38,826.**

If bringing dependents, estimate \$1,000 per month more for your spouse and \$500 per month more for each child.

**PERSONAL INFORMATION (attach a copy of your passport page showing name)**

\_\_\_\_\_  
Name: (Surname) (First) (Middle)

**Home Country Address:**

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City State Zip code

\_\_\_\_\_  
Country Telephone

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

\_\_\_\_\_  
SEVIS ID number (if currently in the United States) I-94 card # (if currently in the United States)

\_\_\_\_\_  
E-mail address

If bringing dependents attach a separate page with the previous information for each (attach passport copies for each).

**STATEMENT OF FINANCIAL CAPABILITY:** List all sources of financial support (in U.S. dollars) below and attach the required evidence of funds available. Documents must be less than two months old and may be photocopies or faxes.

**1. YOUR OWN PERSONAL FUNDS** \$ \_\_\_\_\_

**Evidence:** A bank statement in your name with funds (in U.S. Dollars), stating the present balance.

**2. FUNDS FROM A SPONSOR** \$ \_\_\_\_\_

**Evidence:** Affidavit of support (see page 4) or a letter (in English) stating the amount your sponsor will provide you with (in U.S. Dollars); proof of annual income; bank statement in your sponsor's name (in U.S. dollars), stating the present balance. Bank statements alone will not be accepted unless the account balance covers the cost of your program and living expenses. Proof of income can either be one of the following: your sponsor's latest tax return, an employment letter stating annual salary or an accountant's certification of your sponsor's annual income.

**3. SPONSOR PROVIDING FREE ROOM AND FOOD** \$ \_\_\_\_\_

**Evidence:** Affidavit of support (see page 5) or a letter from your sponsor stating his or her address, proof the sponsor lives at that address, and proof of income. This type of support counts as \$2,995 cash value per session. Enter \$17,970 for one year. Proof of address can be a photocopy of deed, lease, rent receipts or utility bill.

**TOTAL:** \$ \_\_\_\_\_

**\* Total must equal the estimated expenses for the period you are planning to attend \***

**HOW DO YOU WANT TO GET YOUR I-20?**

We send all I-20's via DHL overnight mail (it usually takes 3-7 business days to arrive overseas). Please note: we cannot send to a P.O. Box address.

**Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
Number Street

\_\_\_\_\_  
City State Zip code

\_\_\_\_\_  
Country Telephone

**\*Hold for pick-up by:** \_\_\_\_\_  
Name Phone E-mail address

## THIS IS MY SWORN PROMISE OF CASH SUPPORT

I, \_\_\_\_\_, promise that I can and will give no less than U.S.  
My name

\$\_\_\_\_\_ in cash FOR EVERY YEAR of the student's program of study at St. John's University

to: \_\_\_\_\_  
Full name of student

My relationship to the student is \_\_\_\_\_  
Parent, spouse, brother/sister, friend

My address is \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**The following persons are fully or partially dependent upon me for their support** (Do not include the student named above).

Name	Relationship to me	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of my employer \_\_\_\_\_

Annual Salary \_\_\_\_\_ (USD) Other Income \_\_\_\_\_ (USD)

My proof of income and bank statement/s are attached: Yes \_\_\_\_\_ No \_\_\_\_\_

\* Proof of income can be either be one of the following: your sponsor's latest tax return, an employment letter stating annual salary or an accountant's certification of your sponsor's annual income. \*

**I swear that the information I have provided above is true and correct.**

\_\_\_\_\_  
Signature of Sponsor Date



## SPONSOR'S AFFIDAVIT OF FREE ROOM AND BOARD AND PROOF OF FINANCIAL CAPABILITY

### WHAT DOES THIS AFFIDAVIT MEAN?

By completing this affidavit, you are swearing to the U.S. government that this student will live with you free of any charge for room and food *for every year* he or she is studying at St. John's University and living in the U.S. (The student cannot be required to provide you with any services such as, babysitting, cleaning, etc., in exchange for the room and board, as that is *employment*.) You are also proving that you are the person who owns or rents the property and can afford the support you are promising with the documents you have attached.

Before signing it, you must understand that you are making a financial commitment to the student that should not be broken. Sponsors who fail to provide the promised support force students to drop out of school and cause pain and suffering. Do not expect that the student will be able to help support the costs through employment. Employment is strictly controlled by the Department of Homeland Security and very limited.

### HOW TO COMPLETE THIS FORM:

- Fill this form out completely in English.
- Attach the documentary evidence of support as explained below.
- Sign the affidavit.

### PROVE THAT YOU ARE CAPABLE OF PROVIDING THIS SUPPORT FOR *EVERY YEAR* OF THE STUDENT'S PROGRAM BY ATTACHING: (Documents must be: \*Photocopies or faxes, \*less than two months old

- **PROOF OF INCOME.** This must be on your employer's business stationery, on income tax returns or receipts along with 2 current pay stubs, or estimated by a bank or private accountant if you are self-employed. The income of a company will not be accepted as proof of income. You must provide an official statement of the salary paid to you or it must appear on tax returns.
- **PHOTOCOPY OF YOUR DEED LEASE OR RENT RECEIPTS** to prove that you are the person who owns or rents the property.

## THIS IS MY SWORN PROMISE OF FREE ROOM AND BOARD

I, _____, promise that for each year of his/her program of study,			
My name			
_____			will live free of any charge with me in
Full name of student			
my home at:			
_____		_____	
Number		Street	
_____		_____	
City	State	Zip code	Phone number
_____	_____	_____	_____

**I swear that the information I have provided above is true and correct.**

_____	_____
Signature of Sponsor	Date