

The English Language Institute

Marillac Hall room 210 Phone: 718-990-6845 Fax: 718-990-6119 E-mail: 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

- o completed I-20 application
- o 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:

	Spring 1 () 1/19/2022- 3/9/2022	Spring 2 () 3/16/2022- 5/4/2022	Summer 1 () 5/12/2022- 6/29/2022	Summer 2 () 7/11/2022- 8/18/2022	Fall 1 () 8/31/2022- 10/14/2022	Fall 2 () 10/19/2022- 12/7/2022
Tuition	\$2,160	\$2,160	\$2,160	\$2,160	\$2,160	\$2,160
Fees	125	125	125	125	125	125
Living Expenses	3,800	3,800	3,800	3,800	3,800	3,800
Books and Supplies	100	100	100	100	100	100
Health Insurance	660	660	660	660	660*	660*
Total	\$6,720	\$6,720	\$6,720	\$6,720	\$6,720	\$6,720

^{*}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 \$40,320.

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)

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

I-94 card # (if currently in the United States)

SEVIS ID number (if currently in the United States)

E-mail address

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 City State Zip code Country Telephone

Phone

*Hold for pick-up by:

STATEMENT OF FINANCIAL CAPABILITY: List all sources of financial support (in U.S. dollars) below and

E-mail address

THIS IS MY SWORN PROMISE OF CASH SUPPORT

l,		, promise tha	at I can and will give no less than	n U.S.
My name \$ in cash F	OR EVERY YEAR of the s	student's progra	am of study at St. John's Univers	ity
to: Full name o	f student			
My relationship to the s	tudent is	Parent, spouse, br	rother/sister, friend	·
My address is				
Phone	Fax		E-mail	
The following persons a student named above).	re fully or partially depe	endent upon me	e for their support (Do not inclu	de the
Name	Relationship t	o me	Age	
Name of my employer_				
Annual Salary	(U	SD) Other Inc	come	(USD)
My proof of income and	d bank statement/s are a	ttached: Yes_	No	
	either be one of the follow stant's certification of your		r's latest tax return, an employmen l income. *	t letter stating
I swear that the informa	ation I have provided ab	ove is true and	correct.	
Signature of Sp	oonsor	Date		

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,N	/ly name		, promise that for eacl	n year of his/her program of study,
	Full name of stud	lent		_ will live free of any charge with me in
my home a	t:			
Number		Street		
City	State	Zip code	Phone number	
swear that	the information	I have provided abo	ove is true and correct.	
Sig	nature of Sponso		 Date	