THE LANGUAGE CONNECTION
I-20 APPLICATION
Certificate of Eligibility for F-1 Student Status

Please send this application, a copy of your passport, and all supporting financial documents in with The Language Connection application.

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 the entire duration of your program at St. John’s University.

ESTIMATED EXPENSES FOR THE LANGUAGE CONNECTION:

Check off sessions you plan to attend:

<table>
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<tr>
<th></th>
<th>Spring 1</th>
<th>Spring 2</th>
<th>Summer 1</th>
<th>Summer 2</th>
<th>Fall 1</th>
<th>Fall 2</th>
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<td>1/20/16-</td>
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<td>7/6/16-</td>
<td>8/30/16-</td>
<td>10/25/16-</td>
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<td>5/4/16</td>
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All F-1 International students must purchase the St. John’s University health insurance.

MY ESTIMATED EXPENSES FOR ________________ SESSIONS ARE $_______________.

Enter sessions you plan to attend                  Enter total expenses

If bringing dependents, estimate $1,855 per month more for your spouse and $600 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 ______/_____/______

Country of Birth  Country of Citizenship

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 following 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 current (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 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 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 the cash value for the period you plan to attend. 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 ___________________________
I, ____________________________, promise that I can and will give no less than U.S. $__________ 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
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 Immigration Service 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, *Current (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 _____________