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:

<table>
<thead>
<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>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition</td>
<td>$2,190</td>
<td>$2,190</td>
<td>$2,190*</td>
<td>$2,190*</td>
<td>$2,190*</td>
<td>$2,190*</td>
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<tr>
<td>Fees</td>
<td>125</td>
<td>125</td>
<td>125</td>
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<td>125</td>
</tr>
<tr>
<td>Living Expenses</td>
<td>3,800</td>
<td>3,800</td>
<td>3,800</td>
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<td>3,800</td>
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<tr>
<td>Books and Supplies</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Health Insurance</td>
<td>660*</td>
<td>660*</td>
<td>660*</td>
<td>660*</td>
<td>660*</td>
<td>660*</td>
</tr>
<tr>
<td>Total</td>
<td>$6,875</td>
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<td>$6,875</td>
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*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 $41,250.

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 _______/_____/______

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. $__________ 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).

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to me</th>
<th>Age</th>
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<tbody>
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</table>

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