



**International Studies**

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# International Student Application for I-20



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# International Student Application for I-20

All F-1 visa students must obtain an I-20 (Certificate of Eligibility) form prior to applying for their F-1 visa. To receive an I-20, please complete and return this application, along with the other required documents that are outlined in the checklist below.

Email this completed form to [jhanson@sienaheights.edu](mailto:jhanson@sienaheights.edu) or mail to Dr. Jennifer Hanson, Office of International Studies, Siena Heights University, Sage Union, 1247 East Siena Heights Drive, Adrian, Michigan 49221.

## CHECKLIST

**Passport Copy**

Copy of the front pages of your and your dependents' passports showing, photograph, personal information and expiration date of passport.

**US Immigration Service Documents**

Copies of any previous I-20's, I-94 card, and EAD card if any.

**Proof of Finances**

Include a letter from your bank or your sponsor's bank statement (see page 3). Include sponsor's Affidavit of Support (see page 5).

**Health Requirements**

Read and sign the agreement to purchase Medical Health Insurance (see page 6). Complete the Health History Form (pages 8 - 9).

**Financial Assistance**

If seeking financial assistance, complete the International Financial Aid Application and/or International Athletic Scholarship Form (pages 10-13).

**Student Agreement**

Read and sign the agreement (page 7).

Siena Heights University prefers original documents. Original documents will be returned to the student after examination. Photocopies and faxes of certain documents may be accepted; however the University reserves the right to request original documents upon arrival.

All sections of this form must be fully completed along with detailed supporting documents. An I-20 cannot be issued until all the information listed above has been received.



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**SECTION 1: PERSONAL/FAMILY INFORMATION/PURPOSE OF STUDY**

**\*Please use block, capital letters in dark ink (blue or black recommended).**

Last/Family Name \_\_\_\_\_ First Name \_\_\_\_\_

Middle Name \_\_\_\_\_ Other Names \_\_\_\_\_

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender  Male  Female  
(month/day/year)

**Permanent address in home country**

Street Address \_\_\_\_\_

City \_\_\_\_\_ Province/State/Territory \_\_\_\_\_

Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Telephone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

(The I-20 will be sent to this address)

**Date of Planned Enrollment At Siena Heights (check one)** \_\_\_\_\_ Year  Winter 1  Winter 2  Summer  Fall

**Campus of Enrollment (check one)**  Main Campus (Adrian, Michigan)  Degree Completion Program

Ann Arbor  Lansing  Battle Creek  Monroe  Benton Harbor  Port Huron  Jackson  Southfield

**DEPENDENTS**

If your spouse and/or children will accompany you to the US in F-2 status (as dependents), please complete the information below and submit the following documents.

1. An original (or certified true copy) of your marriage certificate in both your native language and official translation in English.
2. An original (or certified true copy) of your child/children's birth certificate (s) in both your native language and official translation in English.
3. Verification that you or your sponsor has sufficient funds to cover the estimated one-year living expenses in the amount of \$5,000 for your spouse and \$500 for each child, in addition to the amount that you (or your sponsor) must certify for yourself.

Name(s):			Date of Birth	Gender (M or F)	City of Birth	County of Birth	Country of Citizenship	Relationship to Student
Family	First	Middle						
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____



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**PROOF OF FINANCES**

The following information is required for issuance of the I-20 (Certificate of Eligibility) form. Please complete all details regarding the source(s) of funding.

Student's personal funds: \$ \_\_\_\_\_  
 Funds from sponsor: \$ \_\_\_\_\_  
 Funds from other sources: \$ \_\_\_\_\_ Specify Source: \_\_\_\_\_  
**Total:** \$ \_\_\_\_\_

I certify that the amount of money indicated above is available for me for my first year of study in the United States.

\_\_\_\_\_  
 Student's Name (please print)                      Student's Signature                      Date

\_\_\_\_\_  
 Sponsor's Name (please print)                      Sponsor's Signature                      Date

\_\_\_\_\_  
 Sponsor's Relationship to Student (father, mother, etc.)

**FINANCIAL STATEMENT**

The US Immigration Service requires F-1 visa students to have proof of minimum funding for the first year as estimated using the "Expense Charts" below. Using the costs for the certificate program in which you will be enrolled, you must either attach a letter from your bank or financial institution, print on bank letterhead, showing proof of funds.

**Undergraduate (Fall/Winter - 12 - 18 semester hours/sessions)**

Tuition and Fees (Estimate)	Room/Board*	School Supplies	Health Insurance (Mandatory)	Miscellaneous **	Total
\$18,610 \$700	\$7,640	\$1,000	\$600	\$1,000	<b>\$29,550</b>

**Graduate (Fall/Winter - 9 semester hours/session)**

Tuition and Fees (Estimate)	Room/Board*	School Supplies	Health Insurance (Mandatory)	Miscellaneous **	Total
\$12,015 \$700	\$7,640	\$1,000	\$600	\$1,000	<b>\$22,955</b>

**ESL (8 week cycle, 20 hours per week)**

Tuition and Fees (Estimate) \$2100
------------------------------------

\* Room/Board estimate based on food cost of \$16/day (cost of meals in school cafeteria) plus Campus Village room rent based on 2 bedrooms, 2 bath unit (\$475/month) costs could be lower or higher based on individual tastes, preferred living accommodations, and if student decides to cook for his/herself.  
 \*\* Miscellaneous expenses vary with the needs, lifestyle and spending habits of the student and could include clothing, insurance, transportation, laundry, cleaning, toilet articles, hair cuts, medical expenses not covered by insurance, leisure activities, and travel.  
 \*\*\* All tuition and fee costs are based on 08/09 academic year. Fees do not include any mandatory course fees that maybe assessed by course. Any and all rate increases will go into effect during Summer 2009 semester.



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## SAMPLE LETTER

Letter from your bank on letterhead must be dated within the past 3 months and contain the following information:

This is to certify that Mr./Mrs./Ms. \_\_\_\_\_ has US \$ \_\_\_\_\_ on  
deposit in \_\_\_\_\_ bank/financial institution, being held on behalf of  
(Name of Bank)  
\_\_\_\_\_ for educational purposes.  
(Name of Student)

Account Number: \_\_\_\_\_

Type of Account: \_\_\_\_\_

Bank Officer/Official Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## FINANCIAL STATEMENT GUIDELINES

1. Siena Heights University will accept original Financial Statement forms. Copies of original Financial Statement forms submitted by fax or email attachments are also accepted. This will allow students to keep original copies for the purpose of their visa interviews with the US Embassy/Consulate.
2. Financial statements from financial institutions must be on bank or institution's letterhead stationary, have contact information, financial institution official's name, title and signature. Applicants may retain the original for their visa interview.
3. Financial statements must be no older than 3 months old at the time of application.
4. Financial statements must be in English. Translations from a translation agency or an appropriate campus authority is acceptable.
5. Documentation of other liquid assets (stocks, bonds, mutual funds, IRA accounts, etc.) are acceptable, applying the same standards used for monthly financial institution statements.
6. Sponsors must complete the form on page 7 which indicates the student's full name and semester of enrollment promising to provide financial support along with a bank letter from the sponsor's institution verifying adequate funding.
7. Scholarship or government loan funds letters that are term-specific may be used only for specified terms, regardless of the date of issue.
8. Students who are acting as their own sponsor (and who will use their own personal funds) will just need to submit a letter from their financial institution (on official letterhead stationary, see #3 about) verifying adequate funding.



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## Financial Affidavit of Support

An original certified financial statement in US currency must accompany this form and bank letter. Bank statement should be current and printed within 3 months. Financial statements from financial institutions must be on bank or institution's letterhead stationary, have contact information, financial institution official's name, title and signature. Applicants may retain the original for their visa interview. I guarantee that I will be fully responsible for all educational expenses incurred by the applicant, named below, during the course of study at Siena Heights University.

Applicants Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Family Name: Last/First/Middle MM/DD/YYYY

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(if self-funded)

I am willing to sponsor the above applicant in the amount of : \$ \_\_\_\_\_ U.S. dollars/per academic year.

Sponsor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Sponsor's Affidavit of Free Room and Board

This form must be completed by the sponsor who will provide the student with the free room and board during the course of his/her study at Siena Heights University. The residence should be located within a commutable distance to campus.

Date \_\_\_\_\_

I, \_\_\_\_\_ hereby certify that: I am willing and able to provide free room and board for the student named below during the course of study at Siena Heights University.

Student Last Name \_\_\_\_\_ Student First Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Address of Housing \_\_\_\_\_

(Number, Street, Apt. No., City, State, Zip Code)

I own \_\_\_\_\_ or rent \_\_\_\_\_ the property.

I have attached documents to verify that I own/rent the above accommodation. (Documentation could include a lease agreement or mortgage statement).

## Oath or Affirmation of Sponsor

I hereby affirm that I fully understand and agree to abide by the contents of this affidavit and that the information contained is a true and accurate representation of my financial responsibility toward the applicant's education.

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

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_

at \_\_\_\_\_ . My commission expires on \_\_\_\_\_ .

Signature of Notary/Public Official \_\_\_\_\_

Affix Seal or Stamp here:



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### Medical Insurance Agreement

SHU requires all international students to possess health and medical insurance. You may purchase insurance from the International Student Services Office. By signing the statement below, you agree to accept the University's health and medical insurance requirements.

Insurance must be purchased upon arrival to SHU. Students must purchase insurance in advance for all semesters in which they are enrolled. Failure to do so may result in cancellation of a student's registration.

(Print name as appears on passport) \_\_\_\_\_ agrees to obtain and maintain insurance for health, medical evacuation and repatriation while enrolled at SHU.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Certification

#### Read and sign below:

I certify under penalty of perjury, or after first being duly sworn, that I have provided complete and accurate responses to the items on this application. I further certify (swear) all official documents submitted in support of this application are authentic and unaltered records that pertain to me. I authorize release of any information submitted by me in connection with my application to any person, firm corporation, association or government agency, but not only to verify or explain the information, obtain pertinent records, or in connection with prejury proceedings. My signature certifies the accuracy and completeness of the information provided. I understand that any misrepresentation may be cause for denial or cancellation of admission or enrollment.

Signed at (City/County/Country): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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### International Student Agreement

#### Please read and check all boxes in the attached agreement.

I attest that I have read and fully understand the rules, regulations and procedures listed below. I fully understand that it is my responsibility to be aware of and comply with these requirements and that it is my responsibility to initiate any required processes when necessary. If needed, I will contact the Designated School Official (DSO) to assist me with my questions and concerns. I further comprehend that my failure to comply with any of these regulations and procedures jeopardizes my standing as an F-1 status student studying at Siena Heights University.

- I will maintain a valid I-20 at all times. This includes documenting my correct level and major, current funding, and valid program end date.
- I will enroll in and maintain a full course load during fall and winter semesters.  
(12 credit hours - undergraduate; 9 credit hours - graduate).
- I will attend the college/university listed on my I-20.
- I will obtain prior approval from the DSO if I dual enroll at two different institutions during any given semester. It is highly recommended that international students take the majority of their credits per semester at the institution who issued the I-20.
- I will provide the DSO with copy of my class schedule if I am enrolled at another institution at the same time I am enrolled at Siena Heights. I understand that I must do this by the end of the first week of classes at Siena Heights.
- I will report any address change, residence change or name change for myself and any dependents to the DSO within 5 days of the change. I understand that this information will be electronically sent to SEVIS within 21 days as required by current United States government regulations. Do note that if a student has been SPECIAL REGISTERED and needs to change his/her address, a paper form AR-11 SR must also be completed.
- I will apply for an extension of my program of study if I know that I will not be completing my program on time. I will apply for this 30-60 days before the expiration date of my I-20.
- I will obtain a new I-20 Form if I change from one major or field of study to another.
- I will obtain a new I-20 Form if the source of my funding changes.
- I will maintain a valid passport at all times unless I am exempt from passport requirements.
- Prior to traveling outside the United States, I will ensure that my I-20 Form has been endorsed for travel by the DSO within the last six months.
- I will notify the DSO of any accompanying dependents in F-2 or J-2 status and provide full biographical information on these individuals on the I-20 Request Form.
- I will not work in the United States without authorization. F-1 students are eligible to work on campus up to 20 hours per week when school is in session. Eligible F-1 students may apply for Optional Practical Training (OPT) after graduation. The DSO has full information on requirements and eligibility rules.
- I will complete an official immigration transfer whenever I change educational institutions. F-1 students must notify their current institution of their intent to transfer; obtain an I-20 Form from their new institution; and report to the DSO at the new school within 15 days of the program start date listed on the I-20 Form.
- If I withdraw or am asked to leave Siena Heights University, I will report this to the DSO immediately. I understand that I have no more than 15 days to leave the United States. Failure to report this to the DSO will result in the termination of my student F-1 status.
- I understand that I have no more than 60 days after the completion of my degree to remain in the United States.

Name (Please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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**Health History Form**

*Students' overall health is of the utmost importance. We find it imperative that all students return a completed health form to SHU prior to, or on the day you register for courses. All information will be kept confidential and used only to provide safe and complete care for our students.*

\_\_\_\_\_  
Last Name, First, Middle (Print)

\_\_\_\_\_  
Resident or Commuter

\_\_\_\_\_  
Home Street Address

\_\_\_\_\_  
Birth Date (Month/Day/Year)

\_\_\_\_\_  
Home City, State, Zip Code

\_\_\_\_\_  
Home Telephone

\_\_\_\_\_  
Cell Phone

**IN CASE OF EMERGENCY CONTACT**

\_\_\_\_\_  
Last Name, First, Middle (Print)

\_\_\_\_\_  
Home Telephone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Office Telephone

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Cell Phone

**FAMILY PHYSICIAN**

**INSURANCE INFORMATION**

Students are urged to be sure of their insurance coverage and what types of benefits it affords. Carry cards with numbers and other information.

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Insurance Company's Name (Print)

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Subscriber's Name (Print)

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Subscriber's Member Number

Personal Habits	Yes	No
Regular Exercise		
3 meals a day		
6-8 hours of sleep a day		
Tobacco		
Alcohol		
Drugs		

Height: \_\_\_\_' \_\_\_\_" Average Weight: \_\_\_\_\_ lbs.

**CURRENT MEDICATIONS**

Please list all medications taken regularly and those you take without a prescription: \_\_\_\_\_



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**FAMILY HISTORY**

	Age	State of Health	Occupation	Age at Death	Cause of Death
Father					
Mother					
Brother(s)					
Sister(s)					

**YOUR IMMUNIZATION HISTORY**

Immunization and vaccinations against tetanus, poliomyelitis, diphtheria, mumps, rubella, meningitis and measles are strongly recommended before arrival at the University.

	Month/Year		Month/Year
Trivalent Oral Polio (TVOP)		German Measles (Rubella)	
Diphtheria-Pertussis-Tetanus (DPT)		Small Pox	
Tetanus Toxoid (Adult)		Flu Shot	
Mumps		Hepatitis B	
Measles (Rubeola)		Other	
Tuberculosis Test			

Please answer the following questions. Please check the appropriate box and comments that indicate yes and provide approximate dates.

	Yes	No	Date(s)
Asthma or other breathing problems			
Bronchitis/pneumonia			
Frequent colds, sore throats, sinus or ear problems			
Dental Problems			
€ Chicken Pox € Measles € Rubella € Mumps			
Mononucleosis			
Thyroid Disease			
Diabetes			
Hypoglycemia			
Heart trouble/history of murmur/rheumatic fever			
High Blood Pressure			
Cancer or tumor			
Breast disease			
Anemia/bleeding problems			
Immune disease			
Epilepsy/seizures			
Blackout/loss of consciousness			
Headaches: Chronic/Migraine			
ADD/ADHD			
Speech or hearing problems			
Intestinal disease/abdominal pain			
Stomach/ulcer problems			
Liver or gallbladder problems			
Kidney or urinary problems/infections			
Back pain/joint problems			
Muscular/nerve problems			
Physical limitations			
Treatment or Experienced:			
anxiety			
depression			
alcohol/substance abuse			
eating disorder			
emotional disorder			
psychiatric disorder			
Hospitalizations/surgeries: Please list			

I have personally supplied the information on this Health History form and attest that it is true and complete to the best of my knowledge.

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

(To be signed by parent or guardian for all applicants under 18 years of age.)



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# International Student Financial Aid Application

Return this form to the college that provided it.

## Instructions for Completing the 2008-09 International Student Financial Aid Application

The International Student Financial Aid Application is designed to gather information from international students who are applying for financial aid at colleges and universities in the United States. When completing the application, it is important to:

- answer all questions that apply to you and your family,
- convert all currency figures to U.S. dollars (\$) before entering them on the form,
- **return the form directly to the college that provided or requested it.** Do not send it to the College Board.

Some of the questions on the International Student Financial Aid Application are self-explanatory; the instructions that follow are only provided for questions that may need further explanation.

### Section A—Student’s Information

This section pertains to the student who is applying for aid.

### Section B—Parents’ Information

15. Write in the number of people who live in your parents’ household and are supported by their income.
16. Complete all parts of this question. Include family members counted as your dependents in question 11 and/or counted as your parents’ dependents in question 15.

### Section C—Financial Information

17. Most colleges require you to submit documentation to verify information on this form. Check with the college to determine its requirements.
18. Give the official exchange rate at the time you complete the application.
21. Please indicate your source of money for your transportation costs to the United States.
22. Write in the amount of 2007 income before taxes or expenses from each of the sources listed.

### Section D—Asset Information

Asset information pertains to the parents or to the student and the student’s family if the student is married and lives independently of the parents.

Write in the value of assets and, where asked, any debt against the asset as of the time you complete this application.

### Section E—Expenses

29. Write in the annual amount your family spent on the items listed. If you do not know the specific amount, please estimate.

### Section F—Expected Support for Educational Expenses

32. Enter the expected amount of support from the sources listed for each year of college.

## International Student Financial Aid Application

**Confidential**

### Section A—Student’s Information

1. Your name  Mr.  
 Miss, Ms., Mrs. \_\_\_\_\_  
Family (Surname) Given (First) Middle

2. Your permanent address: \_\_\_\_\_ 3. Your e-mail address: \_\_\_\_\_  
 \_\_\_\_\_

4. Your mailing address: \_\_\_\_\_ 5. Your date of birth:     
(if different from above) Mo. Day Yr.

6. Place of birth (country): \_\_\_\_\_ 7. Country(ies) of citizenship: \_\_\_\_\_

8. Expected visa type:  Academic or language training (F)  Immigrant (PR)  
 Nonacademic vocational (M)  Diplomatic or official (A or G)  
 Exchange visitor (J)  Other (specify) \_\_\_\_\_

9. When do you expect to begin your studies at this college/university?    
Mo. Yr.  
 Will you be:  attending a college/university for the first time?  transferring from another college/university?  a returning student?

10. List below the names of the colleges and universities to which you are applying.

a.	d.
b.	e.
c.	f.

11. Your marital status:  Not married  Married If married, how many people are financially dependent on you?



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**Section B—Parents' Information**

12. What is your parents' current marital status? (Mark only one box.)  
 Married  Separated/Divorced  Mother living/Father deceased  
 Father living/Mother deceased  Other (explain) \_\_\_\_\_
13. Father's name: \_\_\_\_\_ 14. Mother's name: \_\_\_\_\_  
 a. Age: \_\_\_\_\_ a. Age: \_\_\_\_\_  
 b. Address: \_\_\_\_\_ b. Address: \_\_\_\_\_  
 c. Occupation/Title: \_\_\_\_\_ c. Occupation/Title: \_\_\_\_\_  
 d. Employer: \_\_\_\_\_ d. Employer: \_\_\_\_\_  
 e. Number of years with employer   e. Number of years with employer
15. How many people, including yourself, depend on the income of your parents for daily living expenses?

16. **Family Member Listing.** Provide information for **all** family members you included in question 11 or 15. **Do not give information about yourself.**

Full name of family member	Age	Educational information 2007-08						Educational information 2008-09			
		Relationship to you	Name of school or college	Year in school or college	Tuition and fees	Room and board	Scholarships and gift aid	Amount of parents' contribution	Name of school or college	Total cost	Amount of parents' contribution

**Section C—Financial Information**

17. Documentation must be provided to verify income and asset information requested on this form. Please check the type of documentation you will be sending.  
 Tax forms  Statement from employer  Other (specify—for example, bank statement) \_\_\_\_\_
18. What is the present exchange rate of your country's currency to the U.S. dollar? (for example, 3,100 pesos = \$1) \_\_\_\_\_ = \$1
19. Does your government currently impose restrictions on the exchange and release of funds for study in the United States?  Yes  No  
 If yes, describe restrictions: \_\_\_\_\_
20. Do you have a source of emergency funds once you arrive in the United States?  Yes  No  
 If yes, name source: \_\_\_\_\_  
 Amount available in U.S.\$ \_\_\_\_\_
21. How will you pay for your transportation to the United States? \_\_\_\_\_
22. During 2007, how much of your household income (before taxes or expenses) came from the following sources (in U.S. dollars)?  
 a. Father's work \$ \_\_\_\_\_ e. Family business \$ \_\_\_\_\_ i. Interest or dividends \$ \_\_\_\_\_  
 b. Mother's work \$ \_\_\_\_\_ f. Family real estate holdings \$ \_\_\_\_\_ j. Housing, food, and other living allowances \$ \_\_\_\_\_  
 c. Your work \$ \_\_\_\_\_ g. Pension/annuity/retirement \$ \_\_\_\_\_ k. Other (explain) \$ \_\_\_\_\_  
 d. Your spouse's work \$ \_\_\_\_\_ h. Other members of the household \$ \_\_\_\_\_
23. Will there be a significant increase or decrease in your family's income next year?  Yes  No If yes, explain: \_\_\_\_\_

**Section D—Asset Information**

24. Does your family own its home?  Yes  No (If yes, complete 24a–24d below.)  
 a. What year was it purchased? \_\_\_\_\_ c. How much does your family still owe on the purchase price? U.S.\$ \_\_\_\_\_  
 b. What was the original purchase price? U.S.\$ \_\_\_\_\_ d. What is the present market value? U.S.\$ \_\_\_\_\_
25. Does your family own a business?  Yes  No (If yes, complete 25a–25d below.)  
 a. Date business commenced \_\_\_\_\_ c. Your parents' share of business value U.S.\$ \_\_\_\_\_  
 b. Type of business \_\_\_\_\_ d. Your parents' share of business indebtedness U.S.\$ \_\_\_\_\_



**International Studies**

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 www.sienaheights.edu  
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**Section D— Asset Information (continued)**

26. Please list the value of the following family assets (if applicable):
- a. Land and buildings (other than home or business) U.S.\$ \_\_\_\_\_
  - Indebtedness on land and buildings U.S.\$ \_\_\_\_\_
  - b. Savings U.S.\$ \_\_\_\_\_
  - c. Investments (such as stocks and bonds) U.S.\$ \_\_\_\_\_
  - d. Assets owned by student U.S.\$ \_\_\_\_\_
  - e. Money owed to family by others U.S.\$ \_\_\_\_\_
  - f. Repayment (of **26e**) expected this year U.S.\$ \_\_\_\_\_
  - g. Other (jewelry, artwork, antiques, etc.) U.S.\$ \_\_\_\_\_

27. Do you or your family have money, property, or assets in another country?  Yes  No (If yes, complete the grid below. Include amounts in **26** above.)

	U.S.\$ Value	In which country(ies)?	Asset owner
Money	U.S.\$		
Property	U.S.\$		
Assets	U.S.\$		

28. Do you or your family own an automobile(s)?  Yes  No (If yes, complete **28a** and **28b** below for each automobile.)
- a. Make (VW, Fiat, Ford, Toyota, etc.): \_\_\_\_\_ b. Year of manufacture: \_\_\_\_\_

**Section E— Expenses**

29. How much did your family spend on the following expenses during 2007? SPECIFIC AMOUNTS ARE NEEDED.
- Rent or mortgage U.S.\$ \_\_\_\_\_ Amount allocated to savings/retirement U.S.\$ \_\_\_\_\_
  - Utilities U.S.\$ \_\_\_\_\_ Automobile maintenance U.S.\$ \_\_\_\_\_
  - Food U.S.\$ \_\_\_\_\_ Insurance (health and property) U.S.\$ \_\_\_\_\_
  - Clothing U.S.\$ \_\_\_\_\_ Entertainment U.S.\$ \_\_\_\_\_
  - Household necessities U.S.\$ \_\_\_\_\_ Vacations U.S.\$ \_\_\_\_\_
  - Medical expenses U.S.\$ \_\_\_\_\_ Servants U.S.\$ \_\_\_\_\_
  - Educational expenses U.S.\$ \_\_\_\_\_ Other U.S.\$ \_\_\_\_\_
  - Loan payments U.S.\$ \_\_\_\_\_ Please explain: \_\_\_\_\_
  - Taxes U.S.\$ \_\_\_\_\_

30. How much money does your family owe to other people or to financial institutions? U.S.\$ \_\_\_\_\_
- Reason for debt: \_\_\_\_\_ Amount paid on debt in 2007 U.S.\$ \_\_\_\_\_

31. Does your family employ other people?  Yes  No If yes, how many in the home? [ ] In the family business? [ ]

**Section F— Expected Support for Educational Expenses**

32. Enter the expected amount of annual support toward your educational costs from the sources listed below:

Sources	2008-09	2009-10	2010-11	2011-12
Student's vacation earnings	U.S.\$	U.S.\$	U.S.\$	U.S.\$
Student's assets	U.S.\$	U.S.\$	U.S.\$	U.S.\$
Family's income	U.S.\$	U.S.\$	U.S.\$	U.S.\$
Family's assets	U.S.\$	U.S.\$	U.S.\$	U.S.\$
Relatives and friends	U.S.\$	U.S.\$	U.S.\$	U.S.\$
Your government	U.S.\$	U.S.\$	U.S.\$	U.S.\$
Agencies and foundations	U.S.\$	U.S.\$	U.S.\$	U.S.\$
Private sponsor (explain in Section G)	U.S.\$	U.S.\$	U.S.\$	U.S.\$
Other (explain in Section G)	U.S.\$	U.S.\$	U.S.\$	U.S.\$

33. List agencies/foundations/government to which you are applying for financial aid. (If more than two, attach a list.)

Agency/Foundation/Government	Application Date	Award Notification Date	Expected Amount in U.S.\$

**Section G— Explanation/Special Circumstances**

Use this space to explain any unusual expenses, other debts, or special circumstances that the institution should consider when it is deciding how much financial aid, if any, you will receive. Use additional sheets of paper if necessary.

**Section H— Certification and Authorization**

We declare that the information on this form is true, correct, and complete. The college has our permission to verify the information reported by obtaining documentation as needed.

**WARNING:** Providing false information may jeopardize a student's visa status and furthermore may result in a college revoking its initial decision to enroll the student.

STUDENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 SPOUSE'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 FATHER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 MOTHER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



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## Athletic Scholarships

Athletic grants at SHU are awarded by the coaches of each sport. **Awards are strictly based on ability and what value a student-athlete would bring to the team.** The coaches have parameters that they must stay within when awarding their athletic grants. The maximum dollar amount a coach may award is \$8000, the minimum award for a "scholarship student-athlete" is \$500. Each coach may award their athletic grants within their parameters that they see fit. Coaches award athletic grants in conjunction with our financial aid office. The coaches will recommend an amount to the financial aid office for approval. This approval comes in conjunction with the remaining portion of the financial aid package such as International Student Assistance.

Most coaches request evidence of an athlete's ability. Local US based athletes are invited to campus to showcase their skills. International athletes usually cannot come to campus due to cost and distance. The University recognizes this situation and encourages international athletes to submit DVDs, recommendations from their coaches, copies of awards and distinctions, posting of footage on U-tube and various other means available to provide SHU coaches with an overview of their abilities.



In order to qualify to play a sport at SHU, all athletes must present evidence of **two** of the following:

1. Minimum of 18 on the Enhanced ACT or 860 on the SAT.
2. Graduation in the upper one half of high school graduating class.
3. An overall GPA of 2.0 on a 4.0 scale (if grades are not in the system, they must be converted and verified)

All potential athletes must present original, certified copies of transcripts.

Questions on the above and other information related to international athletic grants can be directed to [jhanson@sienaheights.edu](mailto:jhanson@sienaheights.edu)



## International Student Athletic Grant Application

Name: \_\_\_\_\_ Country: \_\_\_\_\_

Sport: \_\_\_\_\_ Projected Start Date at SHU: \_\_\_\_\_

I am providing evidence of my ability by the following:

- DVD     U-Tube Footage    Web Site Address: \_\_\_\_\_
- Coaches' recommendations     Overview of timings and scores
- Copies of athletic awards and distinctions     Other: \_\_\_\_\_

I am providing the following to support my application. Proof of the following must accompany the application.

- Official ACT or SAT score     Graduation in the upper one-half of high school class
- Official CGPA of 2.0 or above     Acceptance by SHU

All materials must be enclosed with this application. Copies of original reports are preferred.