International Student Application for I-20
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 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 6). Include sponsor's Affidavit of Support (see page 7).

☐ Health Requirements
  Read and sign the agreement to purchase Medical Health Insurance (see page 8). Complete the Health History Form (pages 11-12).

☐ Financial Assistance
  If seeking financial assistance, complete the International Financial Aid Application and/or International Athletic Scholarship Form (pages 13-15).

☐ Student Agreement
  Read and sign the agreement (page 9 & 10).

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.

All documents submitted to Siena Heights University to support students' university applications and I20 applications remain the property of Siena Heights University. These documents include but are not limited to academic transcripts, bank statements, and supporting documents.

Effective September, 2010, all incoming international students are required to pay for a non-refundable Fed Ex mailing/international processing fee of $100. The University has elected to send I20s via FedEx as to ensure safe arrival of all I20s and admission documents.

Payment must be received before the I20 will be sent. Payments are accepted through wire transfer or international money orders. Money orders can be sent by post to the address below.

Siena Heights University | Office of International Studies | Sage Union
1247 E Siena Heights Drive | Adrian, Michigan 49221

Wire transfers should be sent using the information below. Incoming international students are responsible for confirming that the payment has been received.

First Federal Bank, 135 E. Maumee St., Adrian, MI 49221
Routing Number (ABA) #241270851
Siena Heights University
Account Number #6168348

After wire is completed please call the Business Office at 517-264-7110 and inform them of the wire date, amount, and student ID so the money can be applied to the student account. Please leave a message if off hours.
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

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) □ 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 certificed 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): Family First Middle Date of Birth Gender (M or F) City of Birth County of Birth Country of Citizenship Relationship to Student
___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________

2
### ESTIMATED COST OF ATTENDANCE
#### 2010-2011 Academic Year

**Fall Semester 2010**
- Tuition (12-18 semester hours): $9,585.00
- Technology Fee: 250.00
- Activity Fee: 60.00
- International Processing Fee: 100.00
- Room & Board (Double Room with 14 meals/week): 3,720.00
- **Total Estimated Charges for Fall 2010**: $13,715.00

**Winter Semester 2011**
- Tuition (12-18 semester hours): $9,585.00
- Technology Fee: 250.00
- Activity Fee: 60.00
- International Processing Fee: 100.00
- Room & Board (Double Room with 14 meals/week): 3,720.00
- **Total Estimated Charges for Winter 2011**: $13,715.00

**Total Estimated Charges for Fall & Winter**: $27,430.00

*The above charges are estimated charges. Course fees, books and health insurance are not included in this estimate and will need to be paid in addition to semester charges.*

- All payments MUST be made in full within 2 days of arriving at Siena Heights University. Payments or financial arrangements not finalized by this time will be assessed a late fee of $100.00.
- Students who do not fulfill this obligation may not register for courses, attend classes, request transcripts or diplomas and may be reported to SEVIS for termination or transfer.

Siena Heights University Office of Business Affairs reserves the right to correct all errors in computation, adjust the student’s account accordingly, and turn over past due accounts to a collection agency. Having one’s account turned over to a collection agency is serious and could prevent an individual from obtaining credit cards or bank debit cards.

**Mary Kruse**
Controller  
Siena Heights University  
Office of Business Affairs
ESTIMATED COST OF ATTENDANCE
Graduate College
2010-2011 Academic Year

Fall Semester 2010
Tuition (9 semester hours) $4,140.00
Technology Fee 250.00
International Processing Fee 100.00
Room & Board (Double Room with 14 meals/week) 3,720.00
Total Estimated Charges for Fall 2010 $8,210.00

Winter Semester 2011
Winter Tuition (9 semester hours) $4,140.00
Technology Fee 250.00
International Processing Fee 100.00
Room & Board (Double Room with 14 meals/week) 3,720.00
Total Estimated Charges for Winter 2011 $8,210.00

Total Estimated Charges for Fall & Winter $16,420.00

The above charges are estimated charges. Course fees, books and health insurance are not included in this estimate and will need to be paid in addition to semester charges.

• All payments MUST be made in full within 2 days of arriving at Siena Heights University. Payments or financial arrangements not finalized by this time will be assessed a late fee of $100.00.
• Students who do not fulfill this obligation may not register for courses, request transcripts or diplomas and may be reported to SEVIS for termination or transfer.

Siena Heights University Office of Business Affairs reserves the right to correct all errors in computation, adjust the student’s account accordingly, and turn over past due accounts to a collection agency. Having your account turned over to a collection agency is serious and could prevent an individual from obtaining credit cards or bank debit cards.

Mary Kruse
Controller
Siena Heights University
Office of Business Affairs
ESTIMATED COST OF ATTENDANCE  
English as a Second Language  
2010-2011 Academic Year

**Fall Semester 2010**
- Tuition Session I    $ 2,100.00
- Tuition Session II    $ 2,100.00
- International Processing Fee         100.00
- Room & Board (Double Room with 14 meals/week)    3,720.00
- Total Estimated Charges for Fall 2010    $8,020.00

**Winter Semester 2011**
- Tuition Session I    $ 2,100.00
- Tuition Session II    $ 2,100.00
- International Processing Fee         100.00
- Room & Board (Double Room with 14 meals/week)    3,720.00
- Total Estimated Charges for Winter 2011    $8,020.00

**Total Estimated Charges for Fall & Winter**    $16,040.00

*The above charges are estimated charges. Course fees, books and health insurance are not included in this estimate and will need to be paid in addition to semester charges.*

- All payments MUST be made in full within 2 days of arriving at Siena Heights University. Payments or financial arrangements not finalized by this time will be assessed a late fee of $100.00.
- Students who do not fulfill this obligation may not register for courses, attend class, request transcripts or diplomas and may be reported to SEVIS for termination or transfer.

Siena Heights University Office of Business Affairs reserves the right to correct all errors in computation, adjust the student’s account accordingly, and turn over past due accounts to a collection agency. Having one’s account turned over to a collection agency is serious and could prevent an individual from obtaining credit cards or bank debit cards.

*Mary Kruse*

Controller  
Siena Heights University  
Office of Business Affairs
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

__________________________________________ 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. Scholarship or government loan funds letters that are term-specific may be used only for specified terms, regardless of the date of issue.

7. 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.
Sworn Affidavit of Sponsorship

I, ______________________________________________ (full name), of __________________________________________ (address), do hereby declare the following:

1. That I am the above-named person.
2. That I am_________________________________ (relationship) of  _________________________________ (name of student.)
3. That she/he is seeking admission to Siena Heights University, Adrian, Michigan, USA to study ________________________________ (name of major) for 4 years.
4. That my annual income is_________________________ (in US dollars).
5. That the full name of my business is _________________________________________________________________
6. That my address, phone number, fax and email are:
   Address  ___________________________________________
   Phone  ___________________________________________
   Email/Fax ___________________________________________
7. That I will be responsible for all of his/her expenses, including but not limited to tuition, housing, food, books, health insurance, supplies, misc. throughout the course of study and stay in the United States.
8. That I promise that after completion of the course_______________________________________________
   (name of student) will return to ____________________________ (home country).
9. That I am legally responsible for all expenses incurred by _________________________________ (name of student).
10. That this Affidavit is now required for official and record keeping purposes by Siena Heights University and is considered a legal document and promissory note.
11. I fully affirm and agree to abide by the terms of this Affidavit and the information contained within is an accurate and true representation of my financial responsibility toward the applicant’s education.

NOTARY NAME, SEAL, CONTACT INFORMATION, DATE
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: __________________________________

Fradulent Documents

Siena Heights University reserves the right to deny admission and/or processing of I20s to individuals who submit fraudulent documents. The University also has the right to determine and take necessary steps to verify the authenticity of documents. Any applicant determined to be submitting suspected fraudulent documents will immediately be rejected for admission and not issued an I-20.
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 Optical 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.

I will purchase University health insurance or provide a copy of my home country policy which covers my health needs while in the USA.

I will live in University housing for one full year. All international students are required to live in University Housing for the first year of their stay in the United States. Students under the age of 21 must live in the Residence Hall until they turn 21. Students over the age of 21 can live either in Campus Village, the apartment style living or the Residence Halls.

I understand that I am obligated to stay at SHU for one full semester of classes. If I chose to transfer after or before the start of classes for which my I20 is issued, I will be obligated to pay a $500 International Student Transfer Fee.

Name (Please print): _______________________________________________________________________________________

Signature: ______________________________________________________________________________________________

Date: ________________________________________________________________________________________________
HEALTH HISTORY FORM
(To be completed by student)

Students’ overall health is of the utmost importance. Your health history is vital and will aid in providing health care while you are enrolled at SHU. Carefully complete the enclosed health form and mail it to us as soon as possible. If you are being treated for any health condition, please ask that a summary be sent to us for inclusion in your health record. All information will be kept confidential and used only to provide safe and complete care for our students. No medical information can be released to anyone, including your parents, without your written permission.

Last Name               First   Middle (print)                                         DOB         Gender
________________________________________________________________________________________________
Street Address           City       State    Zip         Home / Cell Phone #
Other phone number              Resident or Commuter

EMERGENCY CONTACT INFORMATION

Name                        Phone                      Relationship

Name                        Phone                      Relationship

Name                        Phone                      Relationship

INSURANCE INFORMATION

Insurance Company’s Name   Subscriber’s Name  Group #  Policy #

FAMILY PHYSICIAN

Name

Street Address

City   State  Zip

Telephone

CURRENT MEDICATIONS

NAME__________________________________________          __________________________________________________
Name

Street Address

City   State  Zip

Telephone

ALLERGIES: ________________________________________

PARENT OR GUARDIAN: I hereby give my permission for such necessary and emergency care to be given to my son/daughter at an approved medical facility (to be signed by parent or guardian for all applicants under 18 years of age).

Signature of Parent or Guardian       Date
Please circle if you have had or currently have any of the following and provide approximate dates below.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td></td>
</tr>
<tr>
<td>Bronchitis/Pneumonia</td>
<td></td>
</tr>
<tr>
<td>Frequent colds</td>
<td></td>
</tr>
<tr>
<td>Alcoholism or chemical dependency</td>
<td></td>
</tr>
<tr>
<td>Headaches: Chronic Migraines</td>
<td></td>
</tr>
<tr>
<td>Heart Disease/Heart Murmur</td>
<td></td>
</tr>
<tr>
<td>Anemia or bleeding disorder</td>
<td></td>
</tr>
<tr>
<td>Dental Problems</td>
<td></td>
</tr>
<tr>
<td>Lung Disease</td>
<td></td>
</tr>
<tr>
<td>High Blood Pressure</td>
<td></td>
</tr>
<tr>
<td>Obesity</td>
<td></td>
</tr>
<tr>
<td>Bone or Joint Disease</td>
<td></td>
</tr>
<tr>
<td>Hepatitis</td>
<td></td>
</tr>
<tr>
<td>Cancer</td>
<td></td>
</tr>
<tr>
<td>Rheumatic Fever</td>
<td></td>
</tr>
<tr>
<td>Chickenpox</td>
<td></td>
</tr>
<tr>
<td>Diabetes or hypoglycemia</td>
<td></td>
</tr>
<tr>
<td>Thyroid Disease</td>
<td></td>
</tr>
<tr>
<td>Kidney Disease</td>
<td></td>
</tr>
<tr>
<td>Ruptured or enlarged spleen</td>
<td></td>
</tr>
<tr>
<td>Ruptured Hernia</td>
<td></td>
</tr>
<tr>
<td>Concussion</td>
<td></td>
</tr>
<tr>
<td>Meningitis</td>
<td></td>
</tr>
<tr>
<td>Marfan Syndrome</td>
<td></td>
</tr>
<tr>
<td>Mononucleosis</td>
<td></td>
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<tr>
<td>Skin Disease</td>
<td></td>
</tr>
<tr>
<td>Epilepsy/seizure disorder</td>
<td></td>
</tr>
<tr>
<td>Psychiatric Treatment</td>
<td></td>
</tr>
<tr>
<td>Eating Disorder</td>
<td></td>
</tr>
<tr>
<td>Suicide Attempts</td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td></td>
</tr>
<tr>
<td>Anxiety</td>
<td></td>
</tr>
<tr>
<td>Pregnancy</td>
<td></td>
</tr>
<tr>
<td>Tuberculosis</td>
<td></td>
</tr>
<tr>
<td>Seasonal Allergies/Hay Fever</td>
<td></td>
</tr>
<tr>
<td>ADD/ADHD</td>
<td></td>
</tr>
<tr>
<td>Severe Acne</td>
<td></td>
</tr>
<tr>
<td>Head Injury</td>
<td></td>
</tr>
<tr>
<td>Stomach Problems</td>
<td></td>
</tr>
<tr>
<td>Recurrent STD's</td>
<td></td>
</tr>
<tr>
<td>Genital Herpes</td>
<td></td>
</tr>
<tr>
<td>Other conditions</td>
<td></td>
</tr>
</tbody>
</table>

Please explain and provide dates: ________________________________________________________________

**FAMILY HISTORY**

Among your blood relatives, is there any history of the following: (please circle)

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypertension</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Attack</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kidney Disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suicide/Depression</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcoholism/chemical Dependency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuberculosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High Cholesterol</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please list relationship of family member with above condition(s): _______________________________________________________

**HEALTH HABITS**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you exercise 2 or more times a day?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you regularly get 6-8 hours of sleep?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you drink alcoholic beverages?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you eat 3 meals a day?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you use tobacco?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you use &quot;street drugs&quot;?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**IMMUNIZATIONS**

Immunizations provide protection against many serious and life threatening diseases. We strongly advise you contact your healthcare provider to discuss and obtain the following immunizations prior to arrival on campus: Meningitis (Menactra), Tetanus/Pertussis (Tdap), Chicken Pox or immunity (Varicella), and Hepatitis B and A

Please provide the most recent dates. (may attach record of immunizations)

A. Tetanus and Diphtheria (Td or Tdap) dates: ___/___/___ ___/___/___

B. Tetanus and Diphtheria (DPT) series dates: ___/___/___ ___/___/___ ___/___/___ ___/___/___

C. Measles, Mumps, Rubella (MMR) dates: ___/___/___ ___/___/___

D. Polio (OPV or IPV) Completed primary series dates: ___/___/___ Date of last booster: ___/___/___

E. Varicella (Chicken Pox) History of Disease: ___/___/___ Vaccination dates: ___/___/___ ___/___/___

F. Hepatitis B (Hep B) ___/___/___ ___/___/___ ___/___/___

G. Meningococcal (Menactra) ___/___/___ ___/___/___ H. Hepatitis A (Hep A) ___/___/___ ___/___/___

I. Human Pappillomavirus (HPV) ___/___/___ ___/___/___ ___/___/___

Other vaccines not listed: ________________________________________________________________

I certify that the above information is complete and accurate. I give permission to the University to contact my parent(s) or guardian(s) in order to provide them with information regarding my medical condition when necessary. In addition, I give permission to my physician to provide the information requested in the physician’s section of this form and any other appropriate medical information to the University’s Health Services Department.

Student Signature ___________________________ Date ___________________________
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 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.

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

Return this form to the college that provided it.

### Section A—Student’s Information

<table>
<thead>
<tr>
<th>Question</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Your name</td>
<td>Mr., Miss, Ms., Mrs.</td>
</tr>
<tr>
<td>2. Your permanent address</td>
<td></td>
</tr>
<tr>
<td>3. Your e-mail address</td>
<td></td>
</tr>
<tr>
<td>4. Your mailing address (if different from above)</td>
<td></td>
</tr>
<tr>
<td>5. Your date of birth</td>
<td></td>
</tr>
<tr>
<td>6. Place of birth (country):</td>
<td></td>
</tr>
<tr>
<td>7. Country(ies) of citizenship</td>
<td></td>
</tr>
<tr>
<td>8. Expected visa type</td>
<td>Academic or language training (F)</td>
</tr>
<tr>
<td>9. When do you expect to begin your studies at this college/university?</td>
<td></td>
</tr>
<tr>
<td>10. List below the names of the colleges and universities to which you are applying.</td>
<td></td>
</tr>
<tr>
<td>11. Your marital status</td>
<td>Not married, Married</td>
</tr>
</tbody>
</table>

If married, how many people are financially dependent on you? **___**
Section B—Parents’ Information

12. What is your parents’ current marital status? (Mark only one box.)
   - Married
   - Separated/Divorced
   - Father living/Mother deceased
   - Mother living/Father 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.

<table>
<thead>
<tr>
<th>Full name of family member</th>
<th>Age</th>
<th>Relationship to you</th>
<th>Name of school or college</th>
<th>Year in school or college</th>
<th>Tuition and fees</th>
<th>Room and board</th>
<th>Scholarships and gift aid</th>
<th>Amount of parents' contribution</th>
<th>Name of school or college</th>
<th>Total cost</th>
<th>Amount of parents' contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 $ _____________
   b. Mother’s work $ _____________
   c. Your work $ _____________
   d. Your spouse’s work $ _____________
   e. Family business $ _____________
   f. Family real estate holdings $ _____________
   g. Pension/annuity/retirement $ _____________
   h. Other members of the household $ _____________
   i. Interest or dividends $ _____________
   j. Housing, food, and other living allowances $ _____________
   k. Other (explain) $ _____________

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? ____________________________
   b. What was the original purchase price? U.S.$ _____________
   c. How much does your family still owe on the 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 ____________________________
   b. Type of business ________________________________________
   c. Your parents’ share of business value U.S.$ _____________
   d. Your parents’ share of business indebtedness U.S.$ _____________
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.$ ____________
   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.)

<table>
<thead>
<tr>
<th>U.S.$ Value</th>
<th>In which country(ies)?</th>
<th>Asset owner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Money</td>
<td>U.S.$</td>
<td></td>
</tr>
<tr>
<td>Property</td>
<td>U.S.$</td>
<td></td>
</tr>
<tr>
<td>Assets</td>
<td>U.S.$</td>
<td></td>
</tr>
</tbody>
</table>

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.
   a. Rent or mortgage U.S.$ ____________________
   b. Utilities U.S.$ ____________________
   c. Food U.S.$ ____________________
   d. Clothing U.S.$ ____________________
   e. Household necessities U.S.$ ____________________
   f. Medical expenses U.S.$ ____________________
   g. Educational expenses U.S.$ ____________________
   h. Loan payments U.S.$ ____________________
   i. Taxes U.S.$ ____________________
   j. Amount allocated to savings/retirement U.S.$ ____________________
   k. Automobile maintenance U.S.$ ____________________
   l. Insurance (health and property) U.S.$ ____________________
   m. Vacations U.S.$ ____________________
   n. Servants U.S.$ ____________________
   o. Other 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:

<table>
<thead>
<tr>
<th>Sources</th>
<th>2008-09</th>
<th>2009-10</th>
<th>2010-11</th>
<th>2011-12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student’s vacation earnings</td>
<td>U.S.$</td>
<td>U.S.$</td>
<td>U.S.$</td>
<td>U.S.$</td>
</tr>
<tr>
<td>Student’s assets</td>
<td>U.S.$</td>
<td>U.S.$</td>
<td>U.S.$</td>
<td>U.S.$</td>
</tr>
<tr>
<td>Family’s income</td>
<td>U.S.$</td>
<td>U.S.$</td>
<td>U.S.$</td>
<td>U.S.$</td>
</tr>
<tr>
<td>Family’s assets</td>
<td>U.S.$</td>
<td>U.S.$</td>
<td>U.S.$</td>
<td>U.S.$</td>
</tr>
<tr>
<td>Relatives and friends</td>
<td>U.S.$</td>
<td>U.S.$</td>
<td>U.S.$</td>
<td>U.S.$</td>
</tr>
<tr>
<td>Your government</td>
<td>U.S.$</td>
<td>U.S.$</td>
<td>U.S.$</td>
<td>U.S.$</td>
</tr>
<tr>
<td>Agencies and foundations</td>
<td>U.S.$</td>
<td>U.S.$</td>
<td>U.S.$</td>
<td>U.S.$</td>
</tr>
<tr>
<td>Private sponsor (explain in Section G)</td>
<td>U.S.$</td>
<td>U.S.$</td>
<td>U.S.$</td>
<td>U.S.$</td>
</tr>
<tr>
<td>Other (explain in Section G)</td>
<td>U.S.$</td>
<td>U.S.$</td>
<td>U.S.$</td>
<td>U.S.$</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Agency/Foundation/Government</th>
<th>Application Date</th>
<th>Award Notification Date</th>
<th>Expected Amount in U.S.$</th>
</tr>
</thead>
</table>

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: _________
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 YouTube 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

---

International Student Athletic Grant Application

Name: ___________________________________________________     Country: ____________________________
Sport : ___________________________________________________     Projected Start Date at SHU: ____________

I am providing evidence of my ability by the following:

- [ ] DVD     - [ ] YouTube Footage     - [ ] Web Site Address: ________________________________________________
- [ ] Coaches’ recommendations
- [ ] Copies of athletic awards and distinctions
- [ ] Overview of timings and scores
- [ ] 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.