

Program Application Study USA



TO BE COMPLETED BY THE **STUDENT APPLICANT** (print in black ink)

All fields are required unless listed as optional.

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Application Checklist	
ALL ITEMS LISTED BELOW MUST BE COMPLETE & INCLUDED WITH YOUR APPLICATION	
<input type="checkbox"/>	Signed Terms and Conditions Form
<input type="checkbox"/>	\$250 Deposit
<input type="checkbox"/>	Program Application Form
<input type="checkbox"/>	A copy of valid passport i.d. page
<input type="checkbox"/>	Passport Photo (showing the complete face with nothing covering the head and a white background)
<input type="checkbox"/>	A copy of resume or C.V. indicating academic and extra-curricular activities (athletics, arts, or others).
<input type="checkbox"/>	High School transcript (original or certified copy)
<input type="checkbox"/>	High School grade average (per year and cumulative)
<input type="checkbox"/>	Two letters of recommendation from either your High School, Uni or College
<input type="checkbox"/>	Personal essay including the following items (maximum of two pages): Why do I feel I deserve a scholarship? What are my objectives in the USA? What are my plans after completing my education?
<input type="checkbox"/>	If transferring college or university courses: College transcript of courses taken and passed (class programs may be requested).

Personal Details	
Last Name <i>(as per passport)</i>	
First Names <i>(as per passport)</i>	
Birthdate	Age now
Address	
City	
State	Postcode
Home Phone ()	
Mobile Phone	
E-Mail	
Country of Citizenship <i>(as per passport)</i>	
Other Citizenships <i>(if any)</i>	
Passport No.	
Issuing Country	
Passport Expiry Date	

Photo	
Attach one smiling passport-sized photo in the box provided. The photo should have a white background and you should not be wearing anything covering your head.	Attach one smiling passport-sized photo here

If applicant is under 18 years of age	
Mother	
Name	
Mailing Address	
Suburb	Postcode
Home Phone ()	
Business Phone ()	
Mobile	
E-Mail	
Father	
Name	
Mailing Address	
Suburb	Postcode
Home Phone ()	
Business Phone ()	
Mobile	
E-Mail	
About Your Education	
High School Information	
High School name:	
Graduation Date (or expected)	
Grade Average (final or cumulative):	
Maximum Possible Grade:	
Passing Grade:	

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Program Application Study USA



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About Your Education

University Information (if applicable):

Institution Name: _____

Field/s of Study: _____

Graduation Date (or expected)

Courses Passed (number): _____

University Grade Average (final or cumulative grade): _____

Maximum Possible Grade: _____

Passing Grade: _____

Education Preferences

1. Fields of study or academic majors of interest:

a. _____ b. _____

c. _____ d. _____

2. Do you have a specific institution in mind?
(Placement at these institutions is not guaranteed):

a. _____ b. _____

c. _____ d. _____

3. Do you have a preferred U.S. city or state?
(Placement in these areas is not guaranteed):

a. _____ b. _____

c. _____ d. _____

4. Please briefly describe your ideal institution:

5. Means of financial support (mark with an 'X'. Multiple answers are allowed):

Student personal funds

Funds from parent/guardian

Funds from other source (specify): _____

Registration

1. Desired start date (mark with an 'X' and specify the year):

Fall Term (August) Year

Spring Term (January) Year

2. I will be commencing my studies in the U.S. as a (mark with an 'X'):

Freshman (first year) Transfer Student

Extra-Curricular Activities

Hobbies: _____

Sports: _____

Others: _____

Test Scores

Only if taken already. These are NOT required to apply for the Program.

TOEFL Score _____ Date _____

SAT Score _____ Date _____

ACT Score _____ Date _____

Personal Objectives (Please describe)

How did you learn about Student Placement Australia?

T.V. Web Newspaper

Recommendation Magazine Academic Fair

Other (please specify): _____

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Terms & Conditions Study USA

TO BE COMPLETED BY THE **STUDENT & PARENTS** (print & sign in black ink)

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Acceptance into Program

Consideration of the application will only be made after receipt of the fully completed application form and payment of the required deposit.

The applicant will be formally accepted into the program only after:

1. Student Placement Australia Pty Ltd has determined that the application meets all requirements for the nominated program.
2. The sponsoring organisation in the US, International Doorway to Education & Athletics Corp. (IDEA), has reviewed and accepted the application.

Scholarship Offers

1. Student Placement Australia undertakes to facilitate Scholarship offers for the applicant from a minimum of fifteen (15) U.S. universities or colleges to include:

- two (2) by which he/she will not pay over US\$9,000 per year for tuition, room and board.
- two (2) by which he/she will not pay more than US\$15,000 per year for tuition, room and board.
- a minimum of five (5) where the applicant will pay equal to or less than 50% of the university or college costs per academic year including housing, meals, and tuition.
- a minimum of five six (6) where the applicant will pay equal to or more than 50% of the university or college costs per academic year including housing, meals, and tuition.

2. It is specifically understood that the Scholarships will apply towards at least one (1) of the following academic careers selected by the applicant taking into consideration the following order of preference:

- a. _____
- b. _____
- c. _____
- d. _____

3. Acceptance of a specific Scholarship offer must be made within 20 days of receipt of the offer. Upon formal acceptance of a Scholarship offer, all other Scholarship offers lapse at that point. Failure to notify of acceptance of a Scholarship offer within 20 days of receipt may put at risk the Scholarship offers and result in termination of the contract and the loss of all monies paid.

Eligibility Criteria

You must be interested in beginning or continuing an undergraduate career in the U.S. and meet at least one of the following eligibility criteria:

- Current High School student
- High School graduate
- Currently attending university (classes can be transferred)
- University graduate (classes can be transferred)

Your application will be considered if you meet these criteria, participate in a selection interview and complete a Program Application Form. You will also be required to submit the following documents:

- curriculum vitae (resume) indicating academic and extra-curricular activities (athletics, arts, or others).
- high school transcript (original or certified copy)

- high school grade average (per year and cumulative)
- two letters of recommendation from High School or College
- personal essay including the following items (maximum of two pages):
 - Why do I feel I deserve a Scholarship?
 - What are my objectives in the USA?
 - What are my plans after completing my education?

If transferring college or university courses:

- College transcript of courses taken and passed (class programs may be requested).

Once the amount of Scholarship is established:

- Proof of financial means (bank statement or similar) to study in the USA for one academic year. This document is necessary for obtaining the F1 student visa.

Inoculations

All applicants must ensure they meet the health requirements of the U.S. government. You should consult your GP or local health authority for the latest requirements in the US.

Payment Schedule

1. A \$250 deposit is required when you submit your application.
2. Balance of program fee is payable on acceptance by Student Placement Australia.

Please note, Scholarship offers will not be communicated to applicants until such time as final payments have been cleared in the Student Placement Australia bank account.

Cancellation Policy

Cancellations will only be accepted in writing and will be effective at the date received by Student Placement Australia Pty Ltd. Refunds will be made according to the following schedule:

1. If your application does not meet our basic eligibility criteria you will be refunded in full.
2. If Student Placement Australia fails to facilitate Scholarship offers in accordance with these Terms and Conditions you will be refunded in full.
3. If you withdraw from the program:
 - After acceptance but before Scholarship offers have been made you will be refunded in full less A\$1,250.
 - After Scholarship offers have been made there will be no refund.

Responsibility

Student Placement Australia Pty Ltd, its subsidiaries and representatives act only as customers to the various companies, owners, or providers of other services. All Scholarship offers, tickets, coupons, and orders are provided to you subject to any and all terms under which such services are issued by the relevant provider. Your acceptance of such Scholarship offers, tickets, coupons and orders shall be deemed to be your consent to the additional condition that Student Placement Australia Pty Ltd, its subsidiaries and representatives shall not in any way be liable for any injury, damage, loss, delay or irregularity however caused or arising, and whether out of any defect in any vehicle, or as a consequence of the default of any company, owner or supplier of transportation, accommodation or other service.

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Medical Statement

TO BE COMPLETED BY THE **STUDENT'S DOCTOR**, WHO IS NOT RELATED TO THE APPLICANT (print in black ink)

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Student's Details	
Student's Name _____	Height (cm): _____ Weight (kg): _____
Birthdate <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> Age now _____	Blood pressure: _____ Pulse: _____
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Give your opinion of the general state of the student's health: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Does the student now have, or has s/he ever had any of the following?
(If yes, attach detailed information regarding impairment)

Chicken Pox <input type="checkbox"/> Yes <input type="checkbox"/> No Date: <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Appendectomy <input type="checkbox"/> Yes <input type="checkbox"/> No
Measles <input type="checkbox"/> Yes <input type="checkbox"/> No Date: <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Diabetes Melitus <input type="checkbox"/> Yes <input type="checkbox"/> No
Mumps <input type="checkbox"/> Yes <input type="checkbox"/> No Date: <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Enuresis <input type="checkbox"/> Yes <input type="checkbox"/> No
Poliomyelitis <input type="checkbox"/> Yes <input type="checkbox"/> No Date: <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Anorexia Nervosa / Bulimia <input type="checkbox"/> Yes <input type="checkbox"/> No
Rubella <input type="checkbox"/> Yes <input type="checkbox"/> No Date: <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Learning or Speech Defects <input type="checkbox"/> Yes <input type="checkbox"/> No
Hepatitis <input type="checkbox"/> Yes <input type="checkbox"/> No Date: <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Alcoholism <input type="checkbox"/> Yes <input type="checkbox"/> No
Other: _____ Date: <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Substance abuse <input type="checkbox"/> Yes <input type="checkbox"/> No
Seizure Disorder <input type="checkbox"/> Yes <input type="checkbox"/> No	*Allergies (If yes fill out statement below* completely) <input type="checkbox"/> Yes <input type="checkbox"/> No
Sleepwalking <input type="checkbox"/> Yes <input type="checkbox"/> No	**Asthma <input type="checkbox"/> Yes <input type="checkbox"/> No

** (If yes, please attach details of severity and any treatment management)

***Allergy Statement: to be completed if answered "Yes" to allergies above**

DOES THE STUDENT SUFFER FROM ALLERGIES? Yes No **IF YES, ATTACH A STATEMENT THAT ADDRESSES THE FOLLOWING 7 QUESTIONS:**

1. What specific substances is the student allergic to?	5. If yes, what medication and dosage?
2. What reactions are caused by contact?	6. Would you send this medication with the student?
3. Would you describe the reactions as: Mild, Strong or Severe / life threatening	7. What emergency procedures might be necessary if the student comes in contact with these substances?
4. Can these reactions be controlled with medication?	

In your professional opinion, would this student be able to endure, or control (though medication) his/her hayfever or allergy symptoms during the overseas stay?
 Yes No

IMPORTANT:
DOES THE STUDENT HAVE SEVERE OR LIFE-THREATENING ALLERGIC REACTIONS?
 Yes No

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Medical Statement

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Medical History

Has the student ever been hospitalised? Yes No If yes, please give details:

Has the student ever been advised to have surgery that has not been done? Yes No If yes, please give details:

Is the student presently taking any medication or injections? Yes No If yes, please give details:

Has the student ever consulted a specialist for depression, nervous or mental disorders? Yes No If yes, please give details:

Are there any restrictions on the student's participation in physical education activities? Yes No If yes, please give details:

How long has this student been your patient?

What diseases/ailments/injuries has the student had in the last 12 months?

Please indicate any other pertinent medical information that may have been omitted:

Physician Statement

In my expert opinion the general state of _____'s health is excellent. He/She does not present any illness or condition that is contagious or communicable. Mr/Miss _____ is not currently dependant on any specific medication or medical appliance. I can recommend this individual for an extended educational stay in the United States without hesitancy.

Physician's Signature* 

Physician's Name

Date

Physician's address

Suburb

State

Postcode

Provider number

* Signing physician cannot be a family relation of the applicant.

PHYSICIAN SEAL OR STAMP