

OUT-OF-COUNTRY APPLICATION FORM

Last Revised: 06/18/2019

- | | | | | |
|--|---|---|---|---|
| <input type="checkbox"/> NEWARK CAMPUS
128 Wilson Avenue
Newark, NJ 07105
harvest@harvest.net | <input type="checkbox"/> LOS ANGELES CAMPUS
3550 Wilshire Blvd. Suite 1050
Los Angeles, CA 90010
la@harvest.net | <input type="checkbox"/> LONG BRANCH CAMPUS
339 Broadway
Long Branch, NJ 07740
lb@harvest.net | <input type="checkbox"/> ORLANDO CAMPUS I
5950 Lakehurst Dr.
Orlando, FL 32819
orlando@harvest.net | <input type="checkbox"/> ORLANDO CAMPUS II
8570 Palm Parkway
Orlando, FL 32836
orlando@harvest.net |
|--|---|---|---|---|

PART 1 :: APPLICANT'S PERSONAL INFORMATION					
FIRST NAME:		MIDDLE NAME:		LAST NAME:	
FIRST LANGUAGE:		CITY OF BIRTH:		COUNTRY OF BIRTH:	
COUNTRY OF CITIZENSHIP:		DATE OF BIRTH: MONTH / DAY / YEAR		GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
PASSPORT NUMBER:		EXPIRATION DATE: MONTH / DAY / YEAR			
ADDRESS:					
CITY:		STATE:	ZIP CODE:	COUNTRY:	
E-MAIL:				TELEPHONE:	
EMERGENCY CONTACT:			RELATIONSHIP TO STUDENT:		TELEPHONE:

PART 2 :: ACADEMIC INFORMATION	
WHAT DO YOU ESTIMATE YOUR LEVEL OF ENGLISH TO BE?	
<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced
WHAT ARE YOUR AREAS OF INTEREST?	
<input type="checkbox"/> Grammar	<input type="checkbox"/> Conversation <input type="checkbox"/> Pronunciation <input type="checkbox"/> Writing <input type="checkbox"/> TOEFL® Preparation
HOW MANY HOURS DO YOU WANT TO STUDY PER WEEK?	
<input type="checkbox"/> 18	<input type="checkbox"/> Other: (Additional private classes can be added to the program)
START DATE: MONTH DAY YEAR	FOR HOW LONG? Weeks
Before choosing a START DATE , consult the Academic Calendar to make sure the date matches the start date of the term . This calendar can be found in our website: www.harvest.net/Students/Destination/Academic & Holiday Calendars	
EXPLAIN THE REASON(S) WHY YOU WOULD LIKE TO LEARN ENGLISH:	

PART 3 :: AIRPORT PICKUP	
<input type="checkbox"/>	Yes, please arrange airport pickup.
<input type="checkbox"/>	No, I will make my own arrangements.

If you request an airport pickup, you must send us: (1) your detailed flight information, (2) address where you will be staying upon arrival. **Information must be sent 15 days prior to arrival.** You will be provided with a quote and if accepted in writing, the HEI will hire a car to pick you up. After that, payment is due 7 days prior to arrival and upon confirmation, the HEI will send you instructions and contact information on the third party contracted to provide transfers.

PART 4 :: AFFIDAVIT OF SUPPORT ** TO BE COMPLETED BY STUDENT'S SPONSOR**					
FIRST NAME:		MIDDLE NAME:		LAST NAME:	
ADDRESS:				CITY:	
STATE:		ZIP CODE:		TELEPHONE:	
SPONSOR'S SIGNATURE:				RELATIONSHIP TO STUDENT:	
By signing above, I accept the responsibility to pay for all travel, living, and school expenses of the applicant named in Personal Information for the period requested in Academic Information .				DATE: MM / DD / YYYY	

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PART 5 :: HOUSING
<p>Newark Campus does not offer housing. Long Branch Campus does not offer housing. Los Angeles Campus offers housing through housing agencies.* Orlando Campus offers housing through housing agencies.*</p> <p>*More information can be provided by your Program Specialist.</p>

PART 6 :: PAYMENT INFORMATION
<p>PAYMENT:</p> <p><input type="checkbox"/> \$100.00 (Mandatory Registration Fee) <input type="checkbox"/> \$375.00 (I-901) ^[1] <input type="checkbox"/> First 4 weeks of program ^[2]</p> <p>CHECK YOUR POSTAL PREFERENCE:</p> <p><input type="checkbox"/> USPS Express Mail ^[\$100.00] <input type="checkbox"/> Will arrange pick-up in person – FREE ^[3]</p> <p>FORM OF PAYMENT:</p> <p><input type="checkbox"/> PaytoStudy <input type="checkbox"/> Credit Card <input type="checkbox"/> Please invoice me and I will pay online</p>

[1] I-901 can be paid by the applicant by visiting www.fmjfee.com/i901fee

[2] As per invoice. Outstanding balance must be paid in full before class starts. First 4 weeks of program due at registration only for Orlando and Los Angeles campuses.

[3] Written authorization required if documents will be picked up by anyone else other than the applicant named in Personal Information.

PAYMENT OPTIONS:

1. **PaytoStudy:** <https://harvest.paytostudy.com>

2. **Credit Card:** Visa MasterCard Amex Discover

I, AUTHORIZE the Harvest English Institute to charge my credit card in the amount indicated in the **PAYMENT INFORMATION** of this application in US dollars

NAME ON CARD:	CARD NUMBER:	EXPIRATION DATE:	CIV:
CARD'S HOLDER SIGNATURE:	DATE OF APPLICATION: MONTH / DAY / YEAR		

DECLARATION
<p>I, the applicant, have or my sponsor has sufficient funds to pay all tuition, living expenses, transportation, materials for the course and other personal expenses that are related to the period I intend to study at the Harvest English Institute. I authorize the Harvest English Institute to take appropriate medical action in case of illness or injury at the school or school sponsored events, and I understand that I am responsible for all medical expenses. I certify that the information provided in this application form is accurate and complete to the best of my knowledge and understanding. I have read and I understood the terms described herein.</p> <p>____/____/____ _____ ____/____/____ _____ <i>Month Day Year Student's Signature Month Day Year Signature of parent or guardian (if younger than 18)</i></p>

INTERPRETER (IF ANY)
<p>I _____ certify that I have translated this form to the applicant and/or their sponsor(s) to the best of my knowledge and understanding, and that I am competent to translate the English language from and to the _____ language.</p> <p>____/____/____ _____ <i>Month Day Year Interpreter's Signature</i></p>

For Agency use only:

AGENT'S NAME:	AGENCY NAME:		
AGENCY ADDRESS:		CITY:	
STATE:	ZIP CODE:	COUNTRY:	TELEPHONE:
EMAIL:			FAX:

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SUPPLEMENT A :: DEPENDENTS

Fill out when more than one person is included in this application. List each person separately. ***Do not*** include the person named in Part 1.

SPOUSE		
FIRST NAME:	MIDDLE NAME:	LAST NAME:
CITY OF BIRTH:	COUNTRY OF BIRTH:	COUNTRY OF CITIZENSHIP:
DATE OF BIRTH: MONTH / DAY / YEAR	PASSPORT NUMBER:	EXPIRATION DATE: MONTH / DAY / YEAR

CHILD 1		
FIRST NAME:	MIDDLE NAME:	LAST NAME:
CITY OF BIRTH:	COUNTRY OF BIRTH:	COUNTRY OF CITIZENSHIP:
DATE OF BIRTH: MONTH / DAY / YEAR	PASSPORT NUMBER:	EXPIRATION DATE: MONTH / DAY / YEAR

CHILD 2		
FIRST NAME:	MIDDLE NAME:	LAST NAME:
CITY OF BIRTH:	COUNTRY OF BIRTH:	COUNTRY OF CITIZENSHIP:
DATE OF BIRTH: MONTH / DAY / YEAR	PASSPORT NUMBER:	EXPIRATION DATE: MONTH / DAY / YEAR

CHILD 3		
FIRST NAME:	MIDDLE NAME:	LAST NAME:
CITY OF BIRTH:	COUNTRY OF BIRTH:	COUNTRY OF CITIZENSHIP:
DATE OF BIRTH: MONTH / DAY / YEAR	PASSPORT NUMBER:	EXPIRATION DATE: MONTH / DAY / YEAR

CHILD 4		
FIRST NAME:	MIDDLE NAME:	LAST NAME:
CITY OF BIRTH:	COUNTRY OF BIRTH:	COUNTRY OF CITIZENSHIP:
DATE OF BIRTH: MONTH / DAY / YEAR	PASSPORT NUMBER:	EXPIRATION DATE: MONTH / DAY / YEAR

CHILD 5		
FIRST NAME:	MIDDLE NAME:	LAST NAME:
CITY OF BIRTH:	COUNTRY OF BIRTH:	COUNTRY OF CITIZENSHIP:
DATE OF BIRTH: MONTH / DAY / YEAR	PASSPORT NUMBER:	EXPIRATION DATE: MONTH / DAY / YEAR