

# OUT-OF-COUNTRY APPLICATION FORM

Last Revised: 02/24/2020

- NEWARK CAMPUS**  
 128 Wilson Avenue  
 Newark, NJ 07105  
[harvest@harvest.net](mailto:harvest@harvest.net)
- LOS ANGELES CAMPUS**  
 3550 Wilshire Blvd #1050  
 Los Angeles, CA 90010  
[la@harvest.net](mailto:la@harvest.net)
- LONG BRANCH CAMPUS**  
 339 Broadway  
 Long Branch, NJ 07740  
[lb@harvest.net](mailto:lb@harvest.net)
- ORLANDO CAMPUS I**  
 5950 Lakehurst Dr.  
 Orlando, FL 32819  
[orlando@harvest.net](mailto:orlando@harvest.net)
- ORLANDO CAMPUS II**  
 8570 Palm Parkway  
 Orlando, FL 32836  
[orlando@harvest.net](mailto: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
<small>Before choosing a <b>START DATE</b>, consult the Academic Calendar to make sure the date matches the <b>start date of the term</b>. This calendar can be found in our website. Under the menu Campus, select your campus and click on Become a Student.</small>	
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 <b>Personal Information</b> for the period requested in <b>Academic Information</b> .			DATE: MM / DD / YYYY

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<b>PART 5 :: HOUSING</b>
<p><b>Newark Campus</b> does not offer housing.  <b>Los Angeles Campus</b> does not offer housing.  <b>Long Branch Campus</b> does not offer housing.  <b>Orlando Campus</b> does not offer housing.</p>

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

[1] I-901 can be paid by the applicant by visiting <https://www.fmjfee.com/901fee/index.html>  
 [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		

<b>DECLARATION</b>
<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>

<b>INTERPRETER (IF ANY)</b>
<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