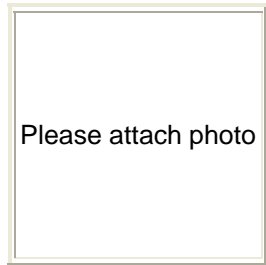




Application Form For Academic Year



Dates for which you are applying:

- Academic year 2008-2009 (September 1, 2008 to May 15, 2009)
- Fall 2008 only (September 1, 2008 through January 1, 2009)
- Spring 2009 only (January 1, 2009 through May 15, 2009)
- Other: From to
Arrival Date Departure Date

Mr. Ms. Family Name First Name Middle Name

Current Mailing Address

City State Zip Country Valid until (month/day/year)

Current Telephone Current Fax E-mail Address

Permanent Mailing Address

City State Zip Country

Permanent Telephone Permanent Fax Social Security #

Country of Birth Country of Citizenship Country of Permanent Residence Date of Birth

Institution attending while at I. House Address

Field of Study Degree Expected graduation/completion date

Status:

Student Intern Trainee Visiting Scholar Other (please specify):

Type of Visa:

F-1 J-1 B1/B2 Permanent Resident U.S. Citizen Other
(please specify)

Last college/university attended	Dates
Field of study	Degree earned

Awards/Scholarships received for your studies in New York

Do you plan further study, training or research in the U.S.? No Yes (please specify):

Have you worked or studied outside of your home country? No Yes (please specify):

Place and Date	Place and Date
Place and Date	Place and Date

How did you hear about International House?

- I. House Alumni (specify)
- Current Resident (specify)
- Corporation (specify)
- University (specify)
- Sponsoring Agency (specify)
- Publication (specify)
- World Wide Web (specify)

Have you ever been a

- Resident Member or
- Non-Resident Member of International House?

When?

PROGRAM OF ACTIVITIES

The Admissions Committee understands that in applying for resident membership, you are willing to share some of your time and talent with the International House community. Indicate below your interests and the areas in which you would like to participate and help organize:

<input type="checkbox"/> Aerobics/Yoga	<input type="checkbox"/> Audio/Visual	<input type="checkbox"/> Cinema/Film
<input type="checkbox"/> Cultural Celebrations	<input type="checkbox"/> Dance/Ballroom Dance	<input type="checkbox"/> Drama
<input type="checkbox"/> Fine Arts	<input type="checkbox"/> Harlem Tutorial Program	<input type="checkbox"/> Language Exchange Program
<input type="checkbox"/> Lectures/Speakers	<input type="checkbox"/> Music	<input type="checkbox"/> Orientation
<input type="checkbox"/> Peer Advising/Resident Assist.	<input type="checkbox"/> Photography	<input type="checkbox"/> Residents' Council
<input type="checkbox"/> Resident Roundtable	<input type="checkbox"/> Sports	<input type="checkbox"/> Social Events
<input type="checkbox"/> Trips/Excursions	Other: <input style="width: 400px;" type="text"/>	

Language(s):

Instrument(s):

Skills you are willing to teach or share:

PERSONAL STATEMENT

The Admissions Committee is interested in learning as much as possible about you and your background. On a separate sheet of paper, please describe, being as specific as possible: (1) any roles you have played in communities in the past and how you have helped to promote meaningful interactions through these roles; (2) any experience, talents, training or special interests you have that you feel would enhance the International House community; (3) what role you might play and how you could contribute to the programs and community life at International House. Please feel free to be creative in your presentation and, if possible, you may include supporting material. As the Admissions Committee weighs this statement heavily, your application cannot be considered without it.

FINANCIAL INFORMATION

Please indicate, in detail, the funds actually available to you for meeting all of your expenses (tuition, room, board, etc.) during the period for which you are applying. Please provide documentation supporting the figures listed. You may submit copies of grant or scholarship awards, recent bank statements, financial aid package, I-20 form or a letter of support from a family member.

Grant or Scholarship Awards:	<input type="text"/>	\$ <input type="text"/>
	Name	
	<input type="text"/>	\$ <input type="text"/>
	Name	
	<input type="text"/>	\$ <input type="text"/>
	Name	
Personal Savings:	<input type="text"/>	\$ <input type="text"/>
	Bank(s)	
Family Support:	<input type="text"/>	\$ <input type="text"/>
	Name(s) Relationship	
Loans:	<input type="text"/>	\$ <input type="text"/>
	Institution	
Employment:	<input type="text"/>	\$ <input type="text"/>
	Employer	
Other resources:	<input type="text"/>	\$ <input type="text"/>
	Specify	
Total for (choose 1):	<input type="checkbox"/> Academic Year <input type="checkbox"/> Semester <input type="checkbox"/> Month	\$ <input type="text"/>

Health Insurance

International House requires all residents to have health insurance valid in the United States for the entire duration of your stay. If accepted, you must submit verification of coverage on arrival. Please check one:

- I have arranged coverage and will provide verification upon arrival.
- I have not arranged coverage yet. I realize that for resident membership would be conditional on obtaining coverage.

Please indicate any medical information we should be aware of:

Have you ever been asked or required to leave a housing environment? No Yes
If yes, please describe the date and circumstances

Whom should we contact in case of an emergency?

Name Relationship

Address

Home Telephone Work Telephone Mobile Telephone E-mail Address

Credit Card Authorization for \$60 non-refundable application fee:

Visa or Mastercard Number Exp. Date Signature

I certify that the information provided above and in the attached documents is true, complete and correct. I am, and anticipate I will be, in good physical and mental health. I will be able to carry on a full course of study or training during my resident membership at International House. I will assume full responsibility for my financial obligations toward International House during my resident membership. I understand that I must give written notice to International House no later than ten (10) days following the effective date of any change in the information provided.

Signature

Date

Room Preferences

Family Name

First Name

Middle Name

Male Female

Do you smoke? Yes

No

Please give the name(s), age(s), and relationship of individual(s) applying to live with you at I. House:

Name

Relationship

Age

Name

Relationship

Age

Will the person(s) listed above arrive on the same date as you? Yes No

If not, please provide the approximate arrival date.

Instructions

Please complete the following form as follows:

- Rate the room types in order of your preferences. Your first choice should be indicated with a 1 and second choice with a 2, etc.
- Please provide at least 2 choices in case your first choice is not available.
- Indicate the maximum monthly rate that you are able to pay so that we do not assign you to a room that is more expensive than that rate. This is especially important in I. House North.

I. House South

First choice Second choice Only Choice

Room Types

(Please rate preference)

Without sink & without park view

Without sink & with park view

With sink and without park view

With sink and with park or river

view

with private or semi-private bathroom+

Monthly Rates*

Valid Aug. 15, 2008 to Aug. 14 2009

\$748-\$850

\$838-\$907

\$838-\$924

\$895-\$948

\$1071-\$1245

**Rates are subject to change.*

**Please note that availability is limited*

Preferred Rate

Maximum Rate

Floor Preferences for I. House South

All female floors 2* 3East 10*

All male floors B 1* 3West* 9*

Coed floors 4 5* 6 7* 8

- Non-smoking floors
 B
 3East
 4
 6
 8
 No preference

** smoking is permitted in resident member's rooms on these floors*

Coed floors have separate bathrooms for men and women.
 Rooms with a park or river view are more expensive than those without.
 Rooms on the higher floors are more expensive than those on lower floors.

I. House North

- First choice
 Second choice
 Only Choice

Room Types

(Please rate preference)

Monthly Rates*

Valid Aug. 15, 2008 to Aug. 14, 2009

<input type="checkbox"/>	Studio apartment (floors 2-5)	\$1466-\$1635
<input type="checkbox"/>	One-bedroom apartment** (floors 2-9; no park or river view)	\$1731-\$1986
<input type="checkbox"/>	Single room in 3, 4 or 5 bedroom apt. (floors 6-12)	\$1029-\$1366
<input type="checkbox"/>	Extra large room with private bath in 4 or 5 bedroom apt. (floors 9-12)	\$1433

*Rates are subject to change.

** Please note that availability of one-bedroom apartments is limited. If your only choice is a one-bedroom at the time we are making the assignment, we will assign you to a studio apartment.

Preferred Rate

Maximum Rate

Preferences for I. House North

- Park or river view (more expensive)
 No park or river view (less expensive)
 High floor (more expensive)
 Low floor (less expensive)
 Larger room (more expensive)
 Single-sex apartment suite
 Coed apartment suite
 Non-smoking apartment suite
 7th fl.
 9th fl.
 11th fl.
 12th fl.
 No preference