

Application Form For The Summer Session

Please attach photo

Dates for which you are applying:

Entire Summer Session 2009 (May 20, 2009 to August 14, 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 (m/d/y)

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)
- Other (specify)

Have you ever been a

- Resident Member,
- Non-Resident Member or
- Affiliate 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"/> I. House 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 type="text"/> | |

Language(s):

Instrument(s):

Skills you are willing to teach or share:

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 verifying 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"/>	\$ <input type="text"/>
	Name <input type="text"/>	
	<input type="text"/>	\$ <input type="text"/>
	Name <input type="text"/>	
Personal Savings:	<input type="text"/>	\$ <input type="text"/>
	Bank(s) <input type="text"/>	
Family Support:	<input type="text"/>	\$ <input type="text"/>
	Name(s) <input type="text"/> Relationship <input type="text"/>	
Loans:	<input type="text"/>	\$ <input type="text"/>
	Institution <input type="text"/>	
Employment:	<input type="text"/>	\$ <input type="text"/>
	Employer <input type="text"/>	
Other resources:	<input type="text"/>	\$ <input type="text"/>
	Specify <input type="text"/>	
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 any possible acceptance 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?
If yes, please describe the date and circumstances:

Whom should we contact in case of an emergency?

--

Name	Relationship
------	--------------

--

Address

--

Home Telephone

Work Telephone

E-mail Address

Credit Card Authorization for \$65 non-refundable application fee:

--	--	--

Visa or MasterCard Number

Exp. Date

Signature

Please check here to authorize use of the credit card above for the \$500 Room Reservation Payment

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)

Monthly Rates*

Valid Aug. 17, 2007 to Aug 15, 2008

<input type="checkbox"/> Without sink & without park view	\$718-\$816
<input type="checkbox"/> Without sink & with park view	\$804-\$871
<input type="checkbox"/> With sink and without park view	\$804-\$855
<input type="checkbox"/> With sink and with park or river view	\$835-\$910
<input type="checkbox"/> With private or semi-private bathroom+ <i>(limited availability)</i>	\$1028-\$1195

**Rates are subject to change.*

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.17, 2007 to Aug 15, 2008

<input type="checkbox"/>	Studio apartment (floors 2-5)	\$1406-\$1569
<input type="checkbox"/>	One-bedroom apartment** (floors 2-9; no park or river view)	\$1660-\$1905
<input type="checkbox"/>	Single room in 3, 4 or 5 bedroom apt. (floors 6-12)	\$987-\$1314
<input type="checkbox"/>	Extra large room with private bath in 4 or 5 bedroom apt. (floors 9-12)	\$1374

*Rates are subject to change.

** Please note that availability of one-bedroom apartments is limited and it may be necessary, due to lack of availability, to assign a studio even if you have not selected it as an option.

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