

ADMISSIONS APPLICATION

7700 Little River Turnpike Suite 100A Annandale, VA 22003-2406 | USA Telephone: 1.703.256.6060 Fax: 1.703.256.7788 Email: English@EA.edu



Evergreen Academy will maintain an "Open Admissions" policy, admitting all applicants who complete the admissions process and are beyond the age of 16. Evergreen Academy is committed to the concept of equal opportunity without regard to race, color, religion, age, gender, national origin, or other legally impermissible factors.

PERSON	IAL INFORMATION:	□ Male	🗆 Female	□ Single	□ Married	
Date of Birth:	Last (Family) MM/DD/YY	Place of Birth:	Country		Middle Country	
Address in Home (Country:Ho	use Number	Street		Apt.	
Cit			ry/Province	Zip	Country	
U.S. Address:			Street	Apt.		
Cell Number:	City		State _ Home Phone Numbe	r:	Zip	
Email Address: Alternate Email Address:						
□ Change of	nent 🗖 F			Current Visa Expire		
	t classes by: about Evergreen Acaden	MM/DD/YY				
What was your occ Educational Backg	cupation in your home coround:	ountry? ol	□ College/University If Yes, what year?	Score:	ated 🗆 Yes 🗆 No S. College or University	

Emergency Contact/Legal Guardian Information						
Contact Person in U.S.						
lame:Relationship:						
Telephone Number:Email:						
Signature of Legal Guardian:						
Sharing Information						
I grant Evergreen Academy permission to contact the person I have listed above in an emergency. (Please note: For your protection, personal						
information about you or your application status CANNOT (and will not) be shared with anyone without your approval. If you want your						
emergency contact(s) to receive this information, please sign here.						
Printed Name of Student	Signature of Student					
Additional Notes:						
Health Insurance						
Evergreen Academy does not offer Health Care Insurance to students and it is the sole responsibility of the student to obtain his/her own						
Health Care Insurance. If you do not have Health Care Insurance and would like to purchase insurance, Evergreen Academy can and will assist						
you to obtain it, using their contacts with International Student Health Insurance providers.						
Evergreen Academy will not be held liable for any illness(es), accidents or injuries while studying at Evergreen Academy.						
\Box I am interested in Health Care Insurance	\Box I am not interested in Health Care Insurance					
Printed Name of Student	Signature of Student					
Declaration of Finance						
Government Regulation requires Evergreen Academy to verify the finan	cial resources of each international applicant of issuance of Form I-20.					
Therefore, Evergreen Academy requires evidence of a minimum of \$17,000.00 to meet expenses for each calendar year. (Add \$5,000.00 for						
each dependent you have.)						
\Box (Yes) I do meet the financial requirement(s)	\Box (No) I do not meet the financial requirement(s)					
 You must submit an original bank statement (if the bank is outside the US, it must be signed by a bank official and converted into US dollars.) It must show a current balance to meet the financial requirements and must be no more than three months old. If you cannot meet the financial requirement(s) above and need a sponsor, please fill out an I-134 						
Employment of F-1 Students in the United States						
I understand that F-1 students are required to have approval from USC	IS to be able to work while in F-1 status.					
Printed Name of Student	Signature of Student					
Student's Agreement						
-	nts contained in this form, and that the information that I have provided					
is true and accurate to the best of my knowledge. I understand that my admission to the ESL program at Evergreen Academy is contingent						
upon my ability to pay all my tuition and fees during my attendance. I also understand that if I cannot meet my financial obligations or if I have						
given inaccurate information on this Affidavit of Financial Support that it may result in the termination of my application and my withdrawal from						
the ESL program.						