

A.C.E. Language Institutes

Application Form 2000-2001

This application form may be used to apply to any A.C.E. Language Institute. Please complete both sides of this page.

Select the A.C.E. Language Institute you wish to attend:

- | | |
|--|---|
| <input type="checkbox"/> Montana State University | <input type="checkbox"/> Seattle Pacific University |
| <input type="checkbox"/> North Seattle Center | <input type="checkbox"/> Skagit Valley College |
| <input type="checkbox"/> Pacific Lutheran University | <input type="checkbox"/> Wheaton College |

Select the Program you wish to attend:

- Intensive English Program (offered at all locations)
 TOEIC Plus (at North Seattle Center only)
 Business English & Information Technology (at North Seattle Center only)

Session Start Date: _____ Month _____ Day _____ Year

For how many sessions do you plan to attend the program?

- 1 2 3 4 5 6 Other: _____

✓ Materials Required for Admission:

- Completed application form
 \$100 application fee (non-refundable)
 Financial certification or bank statement
 \$50 Courier mailing fee
Optional for early applications. Required for applications received by A.C.E. less than 4 weeks before start date.

A.C.E Academic Value Plan

I will participate in the Academic Value Plan:

- 5% tuition discount for prepayment of 4 or 5 sessions
 10% tuition discount for prepayment of 6 or more sessions

Name: _____ Male Female
Family Name (as it appears on your passport) First Name Middle Name

Home Address: _____
Number and Street or P.O. Box

City State/Province Country Postal Code

Home Telephone Fax (if available) E-mail (if available)

Mailing Address (if different from above): _____

Date of Birth: _____ Month _____ Day _____ Year

Country of Birth: _____ **Country of Citizenship:** _____

Do you need an I-20 for an F-1 student visa? Yes No

If you will have dependents accompanying you, please attach their complete name, date of birth, country of birth, and relationship to applicant on a separate piece of paper.

Are you currently living in the U.S.? Yes No

If yes, what kind of visa do you have? F-1 B-2 J-1 U.S. Resident Other: _____

When does your current visa expire? _____ Month _____ Day _____ Year

Are you transferring from another school? Which school? _____

Will you purchase health insurance through A.C.E.? Yes No

All students must have health insurance. Students may purchase insurance in their home country or through A.C.E.

Do you need A.C.E. assistance in locating housing? Yes No

If yes, please complete the Housing Form (attached).

Where did you get this application? _____

How did you hear about A.C.E.? _____

A.C.E. Language Institutes

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Emergency Contact

Name		Relationship to Applicant	
Number and Street or P.O. Box			
City	State/Province	Country	Postal Code
Home Telephone	Fax (if available)	E-mail (if available)	

Mailing

Students may request to have acceptance materials and their I-20 sent by courier mail service. There will be an additional charge of \$50 for this service. All applications received less than 4 weeks before the requested start date will automatically be sent by courier mail service at this fee.

Do you want A.C.E. to send your materials by courier mail at a charge of \$50? Yes No

Authorizing Signatures

I understand that average expenses (tuition, fees, and living expenses) at an A.C.E. Language Institute may vary from US\$ 1700 to US\$ 2600 per 5-week session depending on location and personal expenditures. I further certify that I am legally responsible for all costs incurred by this student while attending an A.C.E. Language Institute.

I authorize qualified medical diagnosis and treatment of illness or injury to this student, and authorize release of medical information for medical treatment and insurance purposes. I understand that I am responsible for medical expenses outside of the limits of any applicable medical insurance and that pre-existing health conditions are not covered by health insurance.

I have read and understood the information in the A.C.E Language Institute brochure and this application. I agree to abide by A.C.E.'s policies, and I state that all the information provided on this application is true and correct. I understand that this application is a legal and binding agreement.

Student Signature: _____	All students must sign	Date _____
Parent/Guardian Signature: _____	If student is under age 21, parent or guardian must sign	Date _____
Financial Sponsor Signature: _____	All financial sponsors must sign	Date _____ Relationship to Applicant _____

To Submit the Application – Please send application and housing forms, required documents, and fees to A.C.E.

Mail To:

A.C.E. Enrollment Services
200 West Mercer Street, Suite 504
Seattle, Washington 98119 USA
Tel: (206) 217-9644
Fax: (206) 812-2257
E-mail: enroll@cultural.org

Payment Details:

Acceptable forms of payment include:

- Traveler's check
- Cash
- Cashier's check
- Personal check in U.S.
- Credit Card: MC or Visa dollars
(cardholder name, card number, and expiration date)

Wire Transfer Details:

- Students who pay by wire transfer must add \$30 to cover bank fees.
- Please write student name and Language Institute name on wire form.

Company Name: American Cultural Exchange
Name of Bank: Key Bank of Washington
Bank Address: 1329 – 4th Avenue, Seattle, WA 98101
Bank Branch Name: Fourth and Union Branch
Account #: 471661006166
ABA Routing #: 125000574
Bank Tel: 206-447-5767
Bank Fax: 206-447-3024

Office Use Only

Received by: _____ Date _____

End of Application Form

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