

Application for the I-20 Form

*****If you are in the United States NOW, complete Immigration Information below. If not, skip ahead to Section 1.**

Immigration Information

What is your immigration status? _____

If you have F-1 Status: What is the name of the last institution/school attended? _____

- *If you currently have a valid (unexpired) F-1 visa, please contact your current school's Admissions Advisor or an International Student Advisor about your transfer options. The U.S. citizenship and Immigration Service requires that you complete a school transfer procedure no later than two weeks after the terms begins.*

Do you plan to travel outside of the United States before school starts? Yes No

SECTION 1: PERSONAL INFORMATION

List your **legal name** below as printed on your passport:

Name: _____
Last First Middle

Mailing Address: _____
Number and Street Apt #

_____ City State/Province Zip Code/Postal Country

Telephone: _____ Email: _____

Date of Birth: _____ Age: _____ Gender: Male Female Other
Month/Day/Year

City of Birth: _____

Country of Birth: _____ Country of Citizenship: _____

Marital Status: Single Married Widowed Divorced

Does your government pose restrictions on making payments to the U.S.? Yes No

Do you have a source of emergency funds once you arrive in the United States? Yes No

If yes, name source of emergency funds: _____

Who will pay for your transportation to the United States? _____

SECTION 2: DEPENDENT INFORMATION

If you have dependents (e.g. spouse or children) that will accompany you for the duration of your studies in the US, complete this section. If not, skip ahead to Section 3.

If dependents are accompanying you to the U.S., you must add an additional **\$10,000 (spouse) and \$4,000 (per child)**. Proof of funding must include this additional amount for dependents. List the dependent’s legal name(s) as it appears on their passport(s). Please attach a copy of the passport for each dependent.

Dependent 1			
Name: _____			
Last	First	Middle	
Country of Birth: _____	Country of Citizenship: _____	Date of Birth: _____	
		Month/Day/Year	
Relationship to you: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other			

SECTION 3: PROGRAM INFORMATION

Please indicate your intended program and start date:

2-Year Associates Degree Programs	
Program:	Start Date:
<input type="checkbox"/> Film & TV Acting	<input type="checkbox"/> Fall 2023: traditional program • Classes start September 18, 2023
<input type="checkbox"/> Musical Theater	<input type="checkbox"/> Spring 2024: non-traditional program • Classes start January/February 2024
<input type="checkbox"/> New Media for Actors	<input type="checkbox"/> Summer 2024: non-traditional program • Classes start May/June 2024

SECTION 4: COST BREAKDOWN

Totals listed below reflect the cost of attendance at NYCDA **per academic year** for your intended program.

Term Start:	2-Year Associates Degree Programs
Tuition Deposit (to save your spot in the program)	\$400
Remaining Tuition Cost	\$36,800
On-campus Housing Deposit (to save your spot in the dorms)	\$400
Housing Damage Deposit *potentially refundable	\$500
Remaining Housing Cost	\$13,800 *standard quad, 4-person room
NYCDA Health Insurance (estimate)	\$3,200
Living Expenses (estimate) (accounts for food, transportation, laundry, books and supplies)	\$6,000
TOTAL before scholarships	\$61,100

Calculate Your Costs	
Tuition after deposit:	$\begin{array}{r} \$36,800 \\ \hline - \text{NYCDA scholarship } (\$ \underline{\hspace{2cm}}) \\ \hline = \$ \underline{\hspace{2cm}} / \text{year} \end{array}$
Housing (on-campus) after deposit:	<input type="checkbox"/> Single Room Rate: \$23,000 + \$500 damage deposit = <u>\$23,500</u> <input type="checkbox"/> Double Room Rate: \$17,700 + \$500 damage deposit = <u>\$18,200</u> <input type="checkbox"/> Triple Room Rate: \$16,500 + \$500 damage deposit = <u>\$17,000</u> <input type="checkbox"/> Suite Style Room Rate: \$15,500 + \$500 damage deposit = <u>\$16,000</u> <input type="checkbox"/> Quad Room Rate: \$13,800 + \$500 damage deposit = <u>\$14,300</u>
Housing (off-campus) w/affidavit:	<input type="checkbox"/> \$ _____
Health Insurance (estimate):	\$3,200
Living Expenses (estimate): accounts for food, transportation, laundry, books and supplies. NOT paid to NYCDA, but needs to be accounted for:	\$6,000
YOUR TOTAL COSTS: \$ _____	

SECTION 5: STATEMENT OF FUNDS

Complete the chart below with your financing plans:

- Year 1: Examples of available funds: bank statements/bank letters listing available balance
- Year 2: Examples of projected funds: letter/statement listing salary, total annual income, income tax return, pay slip

	Year 1 – Available Funds	Year 2 – Projected Funds
Personal Contribution (student’s personal funds)		
Sponsor #1 (anyone helping to support student financially)		
Sponsor #2 (if applicable)		
YOUR TOTAL COSTS		

Please note: The U.S. Affordable Health Care Act and NYCDA requires all enrolled students to have medical insurance to promote health, wellness and student success. Students who show proof of alternative insurance may opt-out of NYCDA’s student health insurance.

SECTION 6: SIGNATURE

I certify that the information on this application is true and complete. I swear to the United States government that I have the personal contribution amount below (if any) in order to cover the cost of studying at NYCDA and living in the United States. I understand that any misrepresentation may be cause for refusing or revoking admission to NYCDA.

Name of Applicant

Signature of Applicant

Date

If student is under 18, please also have a parent sign below:

Name of Parent

Signature of Parent

Date

SECTION 7: FINANCIAL DOCUMENTATION

If the student has listed a personal contribution in Section 5, or any sponsor contribution, they must have a bank official sign or stamp a bank statement/bank letter from their bank, accountant, or attorney certifying the personal funds listed in Section 5 are accurate. Screenshots are not accepted.

Example: Bank Letter (Left), Bank Statement (Right)

Letterhead

Date

INBURSA
Banco
Banco Inbursa S.A. Institución de Banco Múltiple
Grupo Financiero Inbursa
August 28, 2012

Dear Sir Madam,
I hereby provide you with the information we have on our files, regarding the account that is mentioned below.

Customer name:
R.F.C.:
Account number:
Interbank wire:
Opening date:
Current Balance:

I can confirm that the aforementioned account has maintained this balance without any operation in the last two months, and that those funds are available anytime, either by check or ATM.

Being this letter extended at the request of the account holder and without any further due, I put myself at your disposition if there are any further doubts.

Yours faithfully,
L.C. SERRANO SOSA PEREZ
SUBDIRECCIÓN AUDITORIA INTERNA

RBS Statement
The Royal Bank of Scotland
SELECT ACCOUNT
Account Number: 1111111
Sort Code: 16-10-00
BIC: RBSGB2L
IBAN: GB11RBS0816100011111111
MR TEST TESTER
CURRENT ACCOUNT

Branch Details		Your Details		Period	22 Oct 2014 to 21 Dec 2014	
ANY BRANCH	ANY STREET	MR T TESTER	1 TEST STREET	Previous Balance	£1803.90	
ANY TOWN	ANY TOWN	TEST TOWN	TEST TOWN	Paid Out	£2,684.10	
ANY TWN	ANY TWN	TES TER	TES TER	Paid In	£2,180.40	
				New Balance	£300.20	

Date	Type	Description	Paid In	Paid Out	Balance
BRIGHT FORWARD					1803.90
22 Oct 2014	AUTOMATED PAY IN	050274051211-CHB		190.40	1803.9
22 Oct 2014	DIGITAL BANKING	CALL REF NO 3442 FROM A/C 22222222		140.00	1613.5
24 Oct 2014	Faster Payment	Amazon		132.30	1473.5
24 Oct 2014	BACS	Tebay Trading Co.		515.22	1341.2
25 Oct 2014	Faster Payment	Morrisons Petrol		80.00	825.98
25 Oct 2014	BACS	Business Loan	20,000.00		745.98
26 Oct 2014	BACS	James White Media		2,461.55	20745.98
				100.00	18284.43
				150.00	18184.43
				177.00	18034.43
				122.22	17857.43
				1,200.00	17735.21
				9.33	16535.21
				2470.00	16544.54
				10,526.40	14074.54
				1,000.00	3548.14
				280.00	2548.14

INBURSA
Banco Inbursa S.A.
28 AGO 2012
SUC. PLAZA INBURSA 012

All financial documents must have a signature or stamp for validity.

If the bank will not provide this, please have them email the document directly to ecapella@nycda.edu

SECTION 8: SPONSOR'S AFFIDAVIT (if applicable)

PLEASE FILL ALL ANSWERS OUT IN PRINT. IF THE STUDENT HAS MORE THAN ONE SPONSOR, PLEASE PHOTOCOPY AND DISTRIBUTE THIS AFFIDAVIT TO EACH SPONSOR/ORGANAZATION.

I, _____ promise that I can and will give no less
(First and Last Name)

than \$ _____ to _____ to cover
(Amount in US dollars) (Student's Full Name: First, Last)

the costs of their NYCDA Program.

***The sponsor must have a bank official **sign or stamp** their bank statement/bank letter from their bank, accountant, or attorney certifying the funds listed above (and in Section 5) are accurate. Screenshots are not accepted.

- See Example on previous page -

Sponsor's relationship to student: _____

Sponsor's Address: _____

Number and Street

Apt #

City

State/Province

Zip Code/Postal

Country

Telephone: _____ Email: _____

Sponsor's employer: _____

Sponsor's Proof of Financial Support is attached: _____ Yes No

I swear that the information I have provided above is true and correct.

Name of Sponsor

Signature of Sponsor

Date