

## 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 **\$1,000 per dependent**. 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.

<b>Dependent 1</b>			
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:

4-Week Summer Intensives 2023	
Program:	Start Date:
<input type="checkbox"/> Film & TV Acting	<input type="checkbox"/> Session 1: June 12 – July 07
<input type="checkbox"/> Musical Theater	<input type="checkbox"/> Session 2: July 17 – August 11

**SECTION 4: COST BREAKDOWN**

Totals listed below reflect the cost of attendance at NYCDA **in total** for your intended Summer Intensive program. Tuition and housing costs are subject to increase in subsequent years.

Term Start:	4-Week Summer Programs 2023
<b>Tuition Deposit</b> (to save your spot in the program)	\$400
<b>Remaining Tuition Cost</b>	\$3,100
<b>On-campus Housing Deposit</b> (to save your spot in the dorms)	\$300
<b>Housing Damage Deposit</b> *potentially refundable	\$150
<b>Remaining Housing Cost</b>	\$750 *shared occupancy - triple/quad room
<b>Health Insurance</b>	Highly encouraged, secured on your own
<b>Living Expenses (estimate)</b> (accounts for food, transportation, laundry, books and supplies)	\$600
<b>TOTAL before scholarships</b>	<b>\$5,300</b>

Summer Intensive 2023 Worksheet	
<b>Tuition</b> after deposit:	$\begin{array}{r} \$3,100 \\ \hline - \text{NYCDA scholarship } (\$ \underline{\hspace{2cm}}) \\ \hline = \$ \underline{\hspace{2cm}} \end{array}$
<b>Housing</b> (on-campus) after deposit:	<input type="checkbox"/> Single Room Rate: \$1,750 + \$150 damage deposit = <u>\$1,900</u> <input type="checkbox"/> Shared Room Rate: \$750 + \$150 damage deposit = <u>\$900</u>
<b>Housing</b> (off-campus) w/affidavit:	<input type="checkbox"/> \$ _____
<b>Health Insurance:</b> highly encouraged, secured on your own.	
<b>Living Expenses:</b> estimate for food, transportation, laundry, books and supplies. NOT paid to NYCDA, but needs to be accounted for:	
<input type="checkbox"/> \$600	
<b><u>YOUR TOTAL COSTS:</u></b> \$ _____	

### SECTION 5: STATEMENT OF FUNDS

Complete the chart below with your financing plans:

- Enter available liquid funds (withdrawable cash-on-hand) to meet the amount listed for your total costs
  - **Examples of supporting financial documents:** bank statements/bank letters listing available balance

	Summer Intensive Training Program
<b>Personal Contribution</b> (student's personal funds)	
<b>Sponsor #1</b> (anyone helping to support student financially)	
<b>Sponsor #2 (if applicable)</b>	
<b>YOUR TOTAL COSTS</b>	



**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