



## Application Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Date of Birth (Month / Day / Year): \_\_\_\_\_ How many years have you studied English?: \_\_\_\_\_

Do you have health insurance that is valid in the U.S.?: \_\_\_\_\_ If yes, provide a copy of the policy in your application.

When will you begin studying at Conversa?: \_\_\_\_\_ How many months will you study? : \_\_\_\_\_

Will you need to stay with a Host Family, apartment, hotel or at the Conversa House? \_\_\_\_\_

Do you have any allergies to food, pets or medicine? \_\_\_\_\_yes \_\_\_\_\_no

If so, what are they? \_\_\_\_\_

Other serious needs, requirements, or comments: \_\_\_\_\_

If you need an I-20 form to get a student visa, please mail or fax this application and proof that you can pay for classes and living expenses. Any one of the following is acceptable:

1. A current personal bank statement or letter from your bank indicating you have sufficient funds.
2. A letter of support from your parents and a bank statement or letter indicating sufficient funds.
3. A letter from your employer or sponsoring agent guaranteeing sufficient financial support.

I understand my financial obligation to Conversa and accept responsibility for payment thereof. In case of illness and/or emergency, I give my permission to any appropriate medical center to examine and/or treat me and to make any necessary recommendations to outside physicians. Conversa will do everything possible to make its students' stay here safe and enjoyable. However, Conversa takes no responsibility for personal injury or loss or damage to personal property while at Conversa.

X \_\_\_\_\_  
Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

X \_\_\_\_\_  
Signature of applicant's guardian \_\_\_\_\_ Date \_\_\_\_\_  
(if applicant is under 21)

To receive your I-20 quickly and safely, would you like us to send the I-20 by Federal Express? \_\_\_\_\_Yes \_\_\_\_\_no

If yes: 1) Send check or money order for \$75 payable to Conversa or  
2) Credit Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

Please fill-out application and return to: Conversa Language Center  
817 Main Street, 6<sup>th</sup> Floor  
Cincinnati, OH 45202  
Tel: 513-651-5679 / Fax: 513-665-3792  
e-mail: [conversa@iac.net](mailto:conversa@iac.net)