

# GALLAUDET UNIVERSITY



Center for International Programs and Services  
English Language Institute

Fax: 202-448-6954

HMB 253  
800 Florida Avenue N.E.  
Washington, D.C. 20002-3695 USA

Telephone: 202-651-5815  
Email: [cips@gallaudet.edu](mailto:cips@gallaudet.edu)  
Web site: <http://cips.gallaudet.edu>

The English Language Institute at Gallaudet University  
***Summer School Application Packet***  
Summer Session 2009

Dear Applicant,

The English Language Institute is pleased to offer a special 6-week summer program for international Deaf and Hard-of-Hearing students. It will begin on May 18 and end on June 26, 2009

Classes: The program will offer ESL classes only. The program will be small and intensive. Students will study English for 5 hours each day, Monday through Thursday. All classes will be led by Deaf instructors.

Accommodations: Students can live in double occupancy rooms in one of Gallaudet's residence halls, and will be housed together to encourage friendship and communication practice. All meals will be provided in the University cafeteria.

Application:

**US-based applicants:** Complete the enclosed application materials and return them to the address above by May 8, 2009. Full payment must accompany your application.

**Applicants applying from outside the US:** Complete the enclosed application materials and make sure we receive them on or before April 16, 2009.

If you have any questions about this program, email us at [cips@gallaudet.edu](mailto:cips@gallaudet.edu), or call us at (202) 651-5815 or fax us at (202) 448-6954.

We hope to see YOU in the ELI this summer!

Asiah Mason, Ph.D., Director



# ELI Summer Application Form

The English Language Institute at Gallaudet University

Please Type or Print Clearly

## Applicant's Full Legal Name

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	Given Name:	Middle Name:	Family Name:
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## Applicant's Address

Number/Street:	
City:	State/Province:
Country:	Postal Code:
Email address:	Fax:

## Citizenship & Documentation

Date of Birth: Month:                      Day:                      Year:	Current Age:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Country of Birth:
Are you a US citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Country of Citizenship:
Do you have a valid U.S. Visa? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes: Visa Type:                      Expiration Date:	
Do you have a US Social Security Number? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, write your SSN:	
What is your goal after you finish the ELI? Check one box: <input type="checkbox"/> Enter Gallaudet University and seek a college degree. <input type="checkbox"/> Other (explain): <input type="checkbox"/> Enter another university and seek a college degree.	

## Hearing Status

You are: <input type="checkbox"/> Deaf <input type="checkbox"/> Hard of Hearing <input type="checkbox"/> Hearing	Cause of Deafness:	Age of Onset:
Type of Amplification used (if any): <input type="checkbox"/> Hearing aid <input type="checkbox"/> Cochlear Implant <input type="checkbox"/> None		

**Application Deadlines:** US-based applicants must submit their application form, full payment for the summer program and signed residence hall lease agreement by May 8, 2009. Applicants applying from outside the US must complete the enclosed application materials and ensure we receive them on or before April 16 2009.

### Language Background

How many years have you studied or used American Sign Language?
Please rate your skill in American Sign Language: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> None
Other sign languages you use:
How many years have you studied or used English?
Please rate your skill in written English: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> None
Other written languages you use:

### Additional Disabilities

The following information is confidential and will not affect your admission, but will allow us to better serve your individual needs. Your response is optional.

Do you have any additional disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please identify your disability and describe the kind of accommodations you will need:

### Gallaudet Contact Data

How did you learn about the English Language Institute?
Have you visited Gallaudet University or the ELI? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?
Why do you want to enter the ELI Summer Program? Explain here or attach a letter.

## Secondary Program Attended

School Name:		
School Location: City:	Country:	
Dates of Attendance: From:	To:	Type of Degree/Certificate Earned:
Course of Study (computer science, literature, etc):		

## Post-Secondary (College or University) Program Attended, if any

School Name:		
School Location: City:	Country:	
Dates of Attendance: From:	To:	Type of Degree/Certificate Earned:
Course of Study (computer science, literature, etc):		

## Certification of Information

*My signature below certifies that all information in this application is correct, complete, and honestly presented. I understand that falsifying or withholding information in completing the application may result in the cancellation of my admission to the English Language Institute and/or registration with the program.*

Applicant's Signature:	Date:
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Complete, sign, and mail this ELI Application Form to: **Gallaudet University  
Center for international Programs and Services  
English Language Institute  
800 Florida Avenue NE  
Washington DC 20002-3695 USA**



# Summer Program Fees

The English Language Institute at Gallaudet University

All **first-time applications** to the ELI require a US \$50.00 **application fee** to cover the cost of processing your application. Additionally, we must receive full payment of your program fees. You may pay your fee via bank check, money order, or by credit card.

Print Applicant Name: \_\_\_\_\_

**Bank Check or Money Order.** Checks/money orders must be in **US dollars**.

(Attach check or money order here) \* first-time applicants only

Amount: US \$50.00

Payable to: Gallaudet University

**Credit Card.** If you wish to pay by credit card (Visa or MasterCard only), complete all information below.

**Credit Card Type:**     Visa     MasterCard

**Amount:** US \$50.00

**Card Number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Card Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Required)

Mail this page and its attachments to: **Gallaudet University**  
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**English Language Institute**  
**800 Florida Avenue NE**  
**Washington DC 20002-3695 USA**

Fees for the ELI Summer Program 2009

\*Tuition US\$ 2,400.00

\*Tuition cost includes books and materials.

**Bank Check or Money Order.** Checks/money orders must be in **United States Dollars.**

(Attach checks or money orders here)

Amount: US \$2,400.00 (Tuition)

Payable to: Gallaudet University

**Credit Card.** If you wish to pay by credit card (Visa or MasterCard only), complete all information below.

**Credit Card Type:**  Visa  MasterCard

**Amount:** \$2,400.00

**Card Number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Card Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Required)

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**These costs multiplied by the length of the ELI Summer School program total as follows:**

Recreation Fee        \$11.00 per week x 6 weeks = \$ 66.00

Room                    \$171.00 per week x 6 weeks = \$1026.00

Board-Dining Dollars \$116.66 per week x 6 weeks = \$700

Health Service Fee    \$50 (6-week)

Health Insurance      \$289.00\*

\* Students who have proof of adequate insurance coverage are exempt.

Please refer to [http://gallaudet.edu/af/financeoffice\\_tuitionandfees.xml](http://gallaudet.edu/af/financeoffice_tuitionandfees.xml) for information on these and other fees. Room and board are optional. Students may make personal arrangements for off-campus accommodation.



## ***Gallaudet University Residence Hall Lease Agreement***

All applicants who wish to live on campus during the summer must read and sign this statement.

- A. Gallaudet University shall provide the applicant (hereinafter called “the resident”) a residence hall room assignment from the day before your first class. This agreement is binding for the entire time the resident is on campus. The University may terminate the agreement at any time it deems appropriate.
- B. On-campus housing is first come, first served for summer students. Cancellation fees may apply.
- C. The resident agrees to respect and not to interfere with the rights of others and to act as a responsible citizen in his or her interactions with other members of the campus community. Each resident has the right to organize his or her life and behavior as long as he or she does not violate laws or University policies. Disruptive residents may lose the privilege of living on campus and may be dismissed from the University.
- D. The resident agrees to act as a responsible citizen in the use and care of his or her room, the rooms of others, and the common facilities of the university campus. The resident will assume any financial responsibility for his or her misuse or abuse of University property. The University expects even more than ordinary care in the use of all facilities in the hope that the cost for these facilities can be kept at a minimum.
  - 1. Repair/replacement costs for thefts or damage to buildings, furniture and equipment (whether or not accidental) are billed to any resident or group of residents involved.
  - 2. Room occupants will be charged for damage such as defaced walls, ceilings, or furniture, burns on carpets or furniture, broken furniture, lost or unreturned keys, or the deterioration of property due to misuses on the parts of the occupants or visitors.
- E. The University reserves the right to enter a student’s room/suite to perform routine or emergency repairs/installation as deemed necessary. The University also reserves the right to enter a student’s room/suite to enforce University or residence hall policy.

Section 504 of the Rehabilitation Act of 1973 prohibits discrimination in housing. The University will do everything possible to accommodate the needs of any person with disabilities. If such accommodations are needed, please specify:

*I acknowledge that the information I have provided is accurate; that I have read the Housing Information section of Summer and Enrichment Programs; and that I agree to all the terms of the Residence Hall Lease Agreement.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## NOTE

The forms below are to be completed by applicants from outside the US only. If you are now living in the US and will not need a form I-20, please stop here.



# Letter of Recommendation

The English Language Institute at Gallaudet University

Please Type or Print Clearly

**Directions to applicant:** Complete Part A. Then give this form to a teacher or other non-family adult who knows you well. Ask that person to complete Part B and mail or fax this form to the address below. If the recommender does not use English, ask the writer to give the letter to you and you have it translated into English. Mail or fax the original letter and the translation to the address below.

## Part A. To be completed by Applicant

Applicant's Name:
Applicant's Address:

## Part B. To be completed by Recommender

**Directions:** The applicant above is applying to the English Language Institute (ELI) at Gallaudet University in Washington, D.C. The ELI provides a full time, intensive program in English as a Second Language, American Sign Language and cultural studies for international deaf and hard of hearing adults. Please complete this form and mail or fax it to the address below. Thank you for helping us learn more about the applicant.

Please evaluate the applicant using this scale:	
Ability to Learn:	<input type="checkbox"/> Poor <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Excellent
Self-discipline:	<input type="checkbox"/> Poor <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Excellent
Motivation:	<input type="checkbox"/> Poor <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Excellent
Character:	<input type="checkbox"/> Poor <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Excellent
Please comment here on the applicant's character and ability to learn, or attach a letter:	
Your Address:	
Your relationship to Applicant (teacher, family friend, etc):	
Your Name (print):	Title/Position:
Signature:	Date:

Please mail this page and any attachments to: **Gallaudet University  
Center for international Programs and Services  
English Language Institute  
800 Florida Avenue NE  
Washington DC 20002-3695 USA**

Or fax to: **202-448-6954**



# Letter of Recommendation

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## Part A. To be completed by Applicant

Applicant's Name:
Applicant's Address:

## Part B. To be completed by Recommender

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Please evaluate the applicant using this scale:	
Ability to Learn:	<input type="checkbox"/> Poor <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Excellent
Self-discipline:	<input type="checkbox"/> Poor <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Excellent
Motivation:	<input type="checkbox"/> Poor <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Excellent
Character:	<input type="checkbox"/> Poor <input type="checkbox"/> Average <input type="checkbox"/> Good <input type="checkbox"/> Excellent
Please comment here on the applicant's character and ability to learn, or attach a letter:	
Your Address:	
Your relationship to Applicant (teacher, family friend, etc):	
Your Name (print):	Title/Position:
Signature:	Date:

Please mail this page and any attachments to:

Gallaudet University  
Center for international Programs and Services  
English Language Institute  
800 Florida Avenue NE  
Washington DC 20002-3695 USA

Or fax to: 202-448-6954



# 6. Certification of Finances

The English Language Institute at Gallaudet University

## Certification of Finances Form Summer Sessions (May 18-June 26 2009)

To Be Completed By Applicant. Please Type or Print Clearly – This information will be used for your I-20 or DS-2019

**NAME:** \_\_\_\_\_  
*Last Name (Family Name) First Name Middle Name*

**GENDER:** (Check one):  Male  Female **DATE OF BIRTH:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
*(Month) (Day) (Year)*

**MAILING ADDRESS:**

\_\_\_\_\_  
*Street*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State Zip or Postal Code Country*

**E-MAIL ADDRESS:** \_\_\_\_\_

**COUNTRY OF BIRTH:** \_\_\_\_\_ **COUNTRY OF CITIZENSHIP:** \_\_\_\_\_

**PHONE #:** (\_\_\_\_) \_\_\_\_\_ **FAX #:** (\_\_\_\_) \_\_\_\_\_

The U.S. Citizenship and Immigration Services (USCIS) regulations require all international applicants to provide evidence of adequate financial support before they may obtain a student visa. To demonstrate that you have adequate financial support, you must complete and send this Certification of Finances Form and original, official documents that show you have sufficient funds to pay at least the fixed/estimated costs of this summer session. Listed below are the fixed/estimated costs for international students in the English Language Institute (ELI) at Gallaudet University.

<b>Fixed/Estimated University Costs for Summer Sessions 2009 (May 18 – June 26 2009)</b>	
	<b>English Language Institute</b>
Tuition	\$2,400.00
Unit Fee	\$116.00
Room & Board	\$1,726.00
Health Insurance	\$289
<b>TOTAL</b>	<b>\$4,531.00</b>

**Note:** This information is provided as a guide only and is not considered a contract or binding on the University. The University reserves the right to change tuition costs, fees, and other charges at any time without notice.

**Estimated Additional Costs.** You should plan to have at least \$1,000 for personal expenses. If your family will stay with you while you are a student, plan an additional \$1,000 for your spouse and \$1,000 for each child.

**Documentation of Financial Support.** Listed below are the sources of support you can use to demonstrate adequate financial support. The total amount of funds shown in these support documents must equal or exceed the fixed costs for one academic year in your chosen program (see table above). **You must obtain two original, official copies of each support document.** Attach one copy of each document to this Certification of Finances Form and send it to the Office of International Programs & Services (CIPS) at Gallaudet University. When your documents are received and approved, the CIPS will send you a completed Form I-20 or DS-2019.

You will take the Form I-20 or DS-2019 **and** your second official copy of the support documents to the American Embassy or Consulate to apply for your student visa. Canadian students do not need a student visa.

**Student's Sources of Funds/Required Documents**

Please mark your source(s) of funding for your program at Gallaudet University. You **MUST** submit documents for each source of funds that you mark. Documents must be in English and bear a signature, official seal or be on letterhead from an official agency. These documents must be less than 6 months old when presented to Gallaudet University.

Sources	Required Documents
<input type="checkbox"/> <b>Student's Personal Funds</b>	<ol style="list-style-type: none"> <li>1. <b>Bank statement for checking, savings and/or other accessible account</b></li> <li>2. <b>Certificates of deposit: mutual, stock or bond fund</b></li> </ol>
<input type="checkbox"/> <b>Support Available From Family/Friends</b>	<ol style="list-style-type: none"> <li>1. <b>Complete the Sponsor Affidavit in this application</b></li> <li>2. <b>Bank statement for checking and /or savings</b></li> <li>3. <b>Certificates of deposits, mutual ,stock or bond funds</b></li> </ol>
<input type="checkbox"/> <b>Support Available From Sponsors</b>	<ol style="list-style-type: none"> <li>1. <b>Complete the Sponsors Affidavit in this application</b></li> <li>2. <b>Official letter from sponsor's employer showing annual earnings</b></li> </ol>
<input type="checkbox"/> <b>Your Government/ Embassy</b>	<ol style="list-style-type: none"> <li>1. <b>Official Letter</b></li> </ol>
<input type="checkbox"/> <b>Charitable Organizations/School Scholarship</b>	<ol style="list-style-type: none"> <li>1. <b>Official Letter</b></li> </ol>
<input type="checkbox"/> <b>OSAP/Canada Students Loan/VR/Others (Canadian Students Only)</b>	<ol style="list-style-type: none"> <li>1. <b>Official Letter</b></li> </ol>

**Applicant Certification**

I hereby certify that the total amount of money that I have available for my summer session at Gallaudet University is US\$\_\_\_\_\_. Further, I certify that the information I am providing is correct and complete, and that I will notify Gallaudet University of any changes in my financial circumstances. I understand that if I am a tourist without a student visa and/or Form I-20 or DS-2019, I cannot register as a student at Gallaudet University.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# **Attach Financial Support Documents to this Page**

Return the completed form and financial support documents to:

**Gallaudet University**  
**Center for international Programs and Services**  
**English Language Institute**  
**800 Florida Avenue NE**  
**Washington DC 20002-3695 USA**

GALLAUDET UNIVERSITY  
GUIDE TO COMPLETING THE  
SPONSOR'S AFFIDAVIT OF ANNUAL CASH SUPPORT

**What does affidavit mean?**

By completing this affidavit, you (sponsor) are sworn to the United States government that you will support with a specific amount of money from your own financial resources for **each year** of the student's studies and residence at Gallaudet University in the United States of America. Please note that you also must attach a document with proof to show that you are sworn to support that student every year.

**By signing the affidavit, you are making a financial commitment to the student that you must not break. Sponsors who fail to provide the sworn support will force students to leave school. Do not expect that the student will be able to help support the costs through employment. Employment is strictly controlled by the Immigration Service and very limited.**

**How to complete the enclosed Sponsor's Affidavit of Annual Cash Support Form:**

- Fill out affidavit form in ENGLISH!
- Promise to give only as much money as you can afford. *The most common reason we reject affidavits is we do not believe a sponsor can pay the amount of money he or she has promised.*
- Attach proof of financial capability document(s) as explained below.
- Sign the affidavit in front of your country's notary public, court registrar or other appropriate official.

**Proof of Financial Capability Documents:**

You must prove that you are financially capable of supporting your student's summer studies by attaching a proof of income document and a bank statement. (If one of these documents is not attached, your support will not be considered).

- **Proof of Income Document.** This must be on your employer's business stationary, on income tax returns or receipts, or estimates by a bank with a private account if you are self-employed. The income of your company will not be accepted as proof of income. You must provide an official statement of the salary paid to you or it must be on tax returns.
- **Bank Statement** must be in your name and your statement must state the following information: date when your account was opened, current balance in U.S. dollars, average deposits and average balances. We cannot accept statements that do not specify balances unless it is stated to be a minimum of US \$100,000. If another person's name appears on your bank statement, that person must complete a separate affidavit or submit a notarized statement permitting those funds to be considered as financial support for the student.

Documents must be:

- Current (less than two months old)
- In English
- Notarized

## Sponsor's Affidavit of Annual Cash Support

THIS IS MY SWORN PROMISE OF CASH SUPPORT

I, \_\_\_\_\_, promise that I can and will give no  
My Name

Less than U.S. \$ \_\_\_\_\_ in cash **FOR EVERY YEAR** of the student's program of  
study at Gallaudet University to:  
\_\_\_\_\_.  
Full Names of Student

My relationship to the student is \_\_\_\_\_.  
Parent, Spouse, Brother/Sister, Friend, Government Sponsor, Other

My address is \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_


The following persons are fully or partially dependent upon me for their support (do not include the student named above):

Name	Relationship to me	Age
_____	_____	_____
_____	_____	_____

Name of My Employer: \_\_\_\_\_

Annual Salary: \_\_\_\_\_ (US \$) Other Income: \_\_\_\_\_ (US \$)

My proof of income document and bank statement are attached: Yes  No



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

\_\_\_\_\_

Signature of Sponsor

Sworn and subscribed before me on this date: \_\_\_\_\_

\_\_\_\_\_

Signature of Notary