



## STUDENT APPLICATION SUMMER 2010

American Culture & Communication

**July 18 to July 30 2010**

\$1970 USD includes: tuition, room, all meals,  
domestic transportation and all admission fees.

Attach passport  
phone here.

*Type directly onto this form, print it out and then fax, scan or mail directly to ECI. You  
can also print the form and fill it out by hand and then mail to ECI.*

Complete and return with \$100 non-refundable application fee (money order,  
traveler's check or wire transfer) to:

### ADMISSIONS

**Educational Consortium Institute**

**P.O. Box 2434 Aptos, CA 95001-2434 USA**

**or FAX to 831-684-2753**

**or Scan to admissions@eci-ca.org**

I need transportation from SFO \$65

I need transportation from San  
Jose International Airport \$55

### STUDENT INFORMATION:

Passport number: \_\_\_\_\_ Grade  Freshman (9<sup>th</sup>)  Sophomore (10<sup>th</sup>)

Entering  Junior (11<sup>th</sup>)  Senior (12<sup>th</sup>)

Passport Expiration Date: \_\_\_\_\_  Graduated from high school

Student Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  Male  Female Country of Residence: \_\_\_\_\_  
Month/Day/Year

Birth City: \_\_\_\_\_ Birth Country: \_\_\_\_\_ Nationality: \_\_\_\_\_

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

State/ Province \_\_\_\_\_ Country: \_\_\_\_\_ Telephone: \_\_\_\_\_

Student e-mail: \_\_\_\_\_ Current Grade In Your Country: \_\_\_\_\_

### FAMILY INFORMATION:

Father's Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Address If Different From Yours: \_\_\_\_\_  
Street Address City Province Country Postal Code

Telephone: \_\_\_\_\_ e-mail address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Speaks  Yes  
Month/Day/Year English  No

Mother's Family Name: : \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Address If Different From Yours: \_\_\_\_\_  
Street Address City Province Country Postal Code

Telephone: \_\_\_\_\_ e-mail address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Speaks  Yes  
Month/Day/Year English  No

**Educational Information:** List School Now Attending

Name of School: \_\_\_\_\_ Address: \_\_\_\_\_  
Street Address City State/Prov Country Postal Code

Have you ever been expelled or suspended from school:  Yes  No If yes, explain reason: \_\_\_\_\_

\_\_\_\_\_

List any medications you are taking and the reason for the medication: \_\_\_\_\_

\_\_\_\_\_

PLEASE ATTACH A COPY OF OUR PASSPORT INFORMATION PAGE