



COUNCIL OF INTERNATIONAL PROGRAMS USA

3500 Lorain Avenue, Suite 504
 Cleveland, Ohio 44113 U.S.A.
 Telephone: 216.566.1088 Fax: 216.566.1490
 E-Mail: info@cipusa.org
 www.cipusa.org

ATTACH
 PHOTO
 HERE

**Application For STEP Program
 ESL for ESL Educators**

I. CONTACT INFORMATION

Family (Last) Name:	First Name:	Middle Name:

Current Mailing Address and Contact Information where CIPUSA correspondence should be sent:

Street & Number	City and State/Province	Postal Code	Country
Telephone (please include country and city codes)	Alternative telephone number	E-mail	

Permanent Mailing Address and Contact Information

Street & Number	City and State/Province	Postal Code	Country
Telephone (please include country and city codes)	Fax	E-mail	

II. BIOGRAPHICAL DATA and CURRENT STATUS

Date of Birth (Month/Date/Year)	Country of Citizenship	Country of Residence
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Have you visited the US before? Yes <input type="checkbox"/> NO <input type="checkbox"/> If Yes, under what VISA? If No, under what VISA do you intend to enter the US?	
Are you employed? Yes <input type="checkbox"/> NO <input type="checkbox"/>	List companies or organizations where you have been employed in the past 3 years 1. 2. 3.	Occupation or title and years in position 1. 2. 3.
Are you a student? Yes <input type="checkbox"/> NO <input type="checkbox"/>	If so, what is your field of study?	

III. EMERGENCY CONTACT INFORMATION

In case of an emergency please provide us with information on who to contact:

Name	Telephone	Address	Relationship to You

IV. LANGUAGE ABLITY and INTERESTS

English Proficiency <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent	STEP PROGRAM <input type="checkbox"/> May 12, 2012 - May 19, 2012 __ (arrive May 12, depart May 19)
---	--

V. DEADLINES AND PAYMENT OF FEES

Applications are due by **June 1, 2012**. Along with the application a **US\$50 nonrefundable application fee** must be included. Application fee will be applied to program fees. Full payment must be received by CIPUSA by **February 15, 2012**.

Registration for one program: \$750

Registration for two programs: \$1250

Registration for complete series (all three programs: \$1750)

PLEASE SELECT PAYMENT OPTION.

_____ I WANT TO PAY **THE APPLICATION FEE** USING:

- MONEY ORDER IN US DOLLARS
- CREDIT CARD

_____ I WANT TO PAY THE **Balance of the program fees** USING:

- MONEY ORDER IN US DOLLARS
- CREDIT CARD (a nonrefundable 3% convenience processing service fee will be included)
- WIRE TRANSFER (Please email info@cipsa.org for instructions)
-

If paying by credit card, please fill out the information below:

Master Card Visa Card number: _____ Exp. Date: _____

Credit Card ID: _____ (The last three digits on the back of the credit card)

Charge my credit card for: Application fee Program fee Balance Total to be charged: _____

Credit Card Holder name: _____

VI. CANCELLATION POLICY

THE APPLICATION FEE OF US\$50 IS NONREFUNDABLE. IF YOU CANCEL before February 15, 2012, 100% of your fee minus the application fee will be refunded. If you cancel after February 15, 2012, 50% of your fee will be refunded. THERE WILL BE NO REFUNDS ONCE THE PROGRAM HAS STARTED.

By signing this Application, I certify the above information is complete and correct. I understand that my misrepresentation may result in my expulsion from the program. I agree to voluntarily accept all risks (such as bodily injury, sickness or property damage), that may result from any accident or situation in which I am involved during my stay as a participant and relinquish the right to make any legal claims against the Council of International Programs USA and/or their representatives.. I acknowledge that the terms and conditions appearing within this application constitute my agreement with the Council of International Programs USA, any agencies, persons, firms, corporations, officers, trustees, directors, employees, agents, and their heirs, executors, administrators, and anyone to whom they legally assign contractual rights, from any claim, liability, or demand of any kind, whether caused by the negligence of any of these parties or otherwise.

Applicant Signature: _____ **Date:** _____

VII. LIVING ACCOMMODATIONS Applicants are requested to answer the questions below so that the best match can be provided between participant and host family.

What type of personality would you consider yourself (please circle as many as applicable):

Independent Somewhat Independent Dependent Adventurous Willing to try new things

Conservative Extroverted Introverted

Do you have any fears or allergies to animals (pets)? **Yes** **No**
If yes please explain:

Do you object to host families having pets? **Yes** **No**

Do you have allergies to any foods?

Please list foods:

Do you have any dietary restrictions because of your religion that your host family should be aware of?

Do you smoke? **Yes** **No**
Can you confine your smoking if needed? **Yes** **No**
Do you have objections to others smoking? **Yes** **No**

Are you able to cook? **Yes** **No**

What are your hobbies and leisure interests?

Have you traveled abroad? If so, please describe briefly where and when you traveled abroad.

Have you had or do you have any serious illnesses or disabilities that the host family/CIPUSA should be aware of?

Have you ever been convicted of a crime? **Yes** **No**
If yes, please explain: