



International Studies

Sage Union
1247 E. Siena Heights Drive
Adrian, MI 49221-1796
(517) 264-7001, (877) 521-0009 x7001
fax: (517) 264-7714
www.sienaheights.edu
email: international@sienaheights.edu

International Student Application for I-20



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International Student Application for I-20

All F-1 visa students must obtain an I-20 (Certificate of Eligibility) form prior to applying for their F-1 visa. To receive an I-20, please complete and return this application, along with the other required documents that are outlined in the checklist below.

Email this completed form to jhanson@sienaheights.edu or mail to Dr. Jennifer Hanson, Office of International Studies, Siena Heights University, Sage Union, 1247 East Siena Heights Drive, Adrian, Michigan 49221.

CHECKLIST

Passport Copy

Copy of the front pages of your and your dependents' passports showing, photograph, personal information and expiration date of passport.

US Immigration Service Documents

Copies of any previous I-20's, I-94 card, and EAD card if any.

Proof of Finances

Include a letter from your bank or your sponsor's bank statement (see page 3). Include sponsor's Affidavit of Support (see page 5).

Health Requirements

Read and sign the agreement to purchase Medical Health Insurance (see page 6). Complete the Health History Form (pages 9 - 10).

Financial Assistance

If seeking financial assistance, complete the International Financial Aid Application and/or International Athletic Scholarship Form (pages 11-13).

Student Agreement

Read and sign the agreement (page 7 & 8).

Siena Heights University prefers original documents. Original documents will be returned to the student after examination. Photocopies and faxes of certain documents may be accepted; however the University reserves the right to request original documents upon arrival.

All sections of this form must be fully completed along with detailed supporting documents. An I-20 cannot be issued until all the information listed above has been received.

All documents submitted to Siena Heights University to support students' university applications and I20 applications remain the property of Siena Heights University. These documents include but are not limited to academic transcripts, bank statements, and supporting documents.

Siena Heights University reserves the right to deny admission and/or processing of I20s to individuals who submit fraudulent documents. The University also has the right to determine and take necessary steps to verify the authenticity of documents. Any applicant determined to be submitting suspected fraudulent documents will immediately be rejected for admission and not issued an I20.



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SECTION 1: PERSONAL/FAMILY INFORMATION/PURPOSE OF STUDY

***Please use block, capital letters in dark ink (blue or black recommended).**

Last/Family Name _____ First Name _____

Middle Name _____ Other Names _____

Full Name _____

Date of Birth _____ Gender Male Female
(month/day/year)

Permanent address in home country

Street Address _____

City _____ Province/State/Territory _____

Postal Code _____ Country _____

Telephone Number _____ Cell Phone Number _____

Email Address _____

(The I-20 will be sent to this address)

Date of Planned Enrollment At Siena Heights (check one) _____ Year Winter 1 Winter 2 Summer Fall

Campus of Enrollment (check one) Main Campus (Adrian, Michigan) Degree Completion Program

Ann Arbor Lansing Battle Creek Monroe Benton Harbor Port Huron Jackson Southfield

DEPENDENTS

If your spouse and/or children will accompany you to the US in F-2 status (as dependents), please complete the information below and submit the following documents.

1. An original (or certified true copy) of your marriage certificate in both your native language and official translation in English.
2. An original (or certified true copy) of your child/children's birth certificate (s) in both your native language and official translation in English.
3. Verification that you or your sponsor has sufficient funds to cover the estimated one-year living expenses in the amount of \$5,000 for your spouse and \$500 for each child, in addition to the amount that you (or your sponsor) must certify for yourself.

Name(s):			Date of Birth	Gender (M or F)	City of Birth	County of Birth	Country of Citizenship	Relationship to Student
Family	First	Middle						
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____



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**ESTIMATED COST OF ATTENDANCE
2010-2011 Academic Year**

Fall Semester 2010

Tuition (12-18 semester hours)	\$9,585.00
Technology Fee	250.00
Activity Fee	60.00
International Processing Fee	100.00
Room & Board	
(Double Room with 14 meals/week)	<u>3,720.00</u>
Total Estimated Charges for Fall 2010	\$13,715.00

Winter Semester 2011

Tuition (12-18 semester hours)	\$9,585.00
Technology Fee	250.00
Activity Fee	60.00
International Processing Fee	100.00
Room & Board	
(Double Room with 14 meals/week)	<u>3,720.00</u>
Total Estimated Charges for Winter 2011	\$13,715.00

Total Estimated Charges for Fall & Winter \$27,430.00

The above charges are estimated charges. Course fees, books and health insurance are not included in this estimate and will need to be paid in addition to semester charges.

- All payments **MUST** be made in full within 2 days of arriving at Siena Heights University. Payments or financial arrangements not finalized by this time will be assessed a late fee of \$100.00.
- Students who do not fulfill this obligation may not register for courses, attend classes, request transcripts or diplomas and may be reported to SEVIS for termination or transfer.

Siena Heights University Office of Business Affairs reserves the right to correct all errors in computation, adjust the student's account accordingly, and turn over past due accounts to a collection agency. Having one's account turned over to a collection agency is serious and could prevent an individual from obtaining credit cards or bank debit cards.

Mary Kruse

Controller
Siena Heights University
Office of Business Affairs



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**ESTIMATED COST OF ATTENDANCE
Graduate College
2010-2011 Academic Year**

Fall Semester 2010

Tuition (9 semester hours)	\$ 4,140.00
Technology Fee	250.00
International Processing Fee	100.00
Room & Board (Double Room with 14 meals/week)	<u>3,720.00</u>
Total Estimated Charges for Fall 2010	\$8,210.00

Winter Semester 2011

Winter Tuition (9 semester hours)	\$ 4,140.00
Technology Fee	250.00
International Processing Fee	100.00
Room & Board (Double Room with 14 meals/week)	<u>3,720.00</u>
Total Estimated Charges for Winter 2011	\$8,210.00

Total Estimated Charges for Fall & Winter \$16,420.00

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**ESTIMATED COST OF ATTENDANCE
English as a Second Language
2010-2011 Academic Year**

Fall Semester 2010

Tuition Session I	\$ 2,100.00
Tuition Session II	\$ 2,100.00
International Processing Fee	100.00
Room & Board (Double Room with 14 meals/week)	<u>3,720.00</u>
Total Estimated Charges for Fall 2010	\$8,020.00

Winter Semester 2011

Tuition Session I	\$ 2,100.00
Tuition Session II	\$ 2,100.00
International Processing Fee	100.00
Room & Board (Double Room with 14 meals/week)	<u>3,720.00</u>
Total Estimated Charges for Winter 2011	\$8,020.00

Total Estimated Charges for Fall & Winter \$16,040.00

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SAMPLE LETTER

Letter from your bank on letterhead must be dated within the past 3 months and contain the following information:

This is to certify that Mr./Mrs./Ms. _____ has US \$ _____ on
deposit in _____ bank/financial institution, being held on behalf of
(Name of Bank)
_____ for educational purposes.
(Name of Student)

Account Number: _____

Type of Account: _____

Bank Officer/Official Signature: _____

Date: _____

FINANCIAL STATEMENT GUIDELINES

1. Siena Heights University will accept original Financial Statement forms. Copies of original Financial Statement forms submitted by fax or email attachments are also accepted. This will allow students to keep original copies for the purpose of their visa interviews with the US Embassy/Consulate.
2. Financial statements from financial institutions must be on bank or institution's letterhead stationary, have contact information, financial institution official's name, title and signature. Applicants may retain the original for their visa interview.
3. Financial statements must be no older than 3 months old at the time of application.
4. Financial statements must be in English. Translations from a translation agency or an appropriate campus authority is acceptable.
5. Documentation of other liquid assets (stocks, bonds, mutual funds, IRA accounts, etc.) are acceptable, applying the same standards used for monthly financial institution statements.
6. Scholarship or government loan funds letters that are term-specific may be used only for specified terms, regardless of the date of issue.
7. Students who are acting as their own sponsor (and who will use their own personal funds) will just need to submit a letter from their financial institution (on official letterhead stationary, see #3 about) verifying adequate funding.



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Sworn Affidavit of Sponsorship

I, _____ (full name), of _____
(address), do hereby declare the following:

1. That I am the above-named person.
2. That I am _____ (relationship) of _____
(name of student.)
3. That she/he is seeking admission to Siena Heights University, Adrian, Michigan, USA to study
_____ (name of major) for 4 years.
4. That my annual income is _____ (in US dollars).
5. That the full name of my business is _____
6. That my address, phone number, fax and email are:
Address _____
Phone _____
Email/Fax _____
7. That I will be responsible for all of his/her expenses, including but not limited to tuition, housing, food, books, health insurance, supplies, misc. throughout the course of study and stay in the United States.
8. That I promise that after completion of the course _____
(name of student) will return to _____ (home country).
9. That I am legally responsible for all expenses incurred by _____ (name of student).
10. That this Affidavit is now required for official and record keeping purposes by Siena Heights University and is considered a legal document and promissory note.
11. I fully affirm and agree to abide by the terms of this Affidavit and the information contained within is an accurate and true representation of my financial responsibility toward the applicant's education.

NOTARY NAME, SEAL, CONTACT INFORMATION, DATE



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Medical Insurance Agreement

SHU requires all international students to possess health and medical insurance. You may purchase insurance from the International Student Services Office. By signing the statement below, you agree to accept the University's health and medical insurance requirements.

Insurance must be purchased upon arrival to SHU. Students must purchase insurance in advance for all semesters in which they are enrolled. Failure to do so may result in cancellation of a student's registration.

(Print name as appears on passport) _____ agrees to obtain and maintain insurance for health, medical evacuation and repatriation while enrolled at SHU.

Signature: _____ Date: _____

Certification

Read and sign below:

I certify under penalty of perjury, or after first being duly sworn, that I have provided complete and accurate responses to the items on this application. I further certify (swear) all official documents submitted in support of this application are authentic and unaltered records that pertain to me. I authorize release of any information submitted by me in connection with my application to any person, firm corporation, association or government agency, but not only to verify or explain the information, obtain pertinent records, or in connection with perjury proceedings. My signature certifies the accuracy and completeness of the information provided. I understand that any misrepresentation may be cause for denial or cancellation of admission or enrollment.

Signed at (City/County/Country): _____

Signature: _____

Date: _____



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International Student Agreement

Please read and check all boxes in the attached agreement.

I attest that I have read and fully understand the rules, regulations and procedures listed below. I fully understand that it is my responsibility to be aware of and comply with these requirements and that it is my responsibility to initiate any required processes when necessary. If needed, I will contact the Designated School Official (DSO) to assist me with my questions and concerns. I further comprehend that my failure to comply with any of these regulations and procedures jeopardizes my standing as an F-1 status student studying at Siena Heights University.

- I will maintain a valid I-20 at all times. This includes documenting my correct level and major, current funding, and valid program end date.
- I will enroll in and maintain a full course load during fall and winter semesters. (12 credit hours - undergraduate; 9 credit hours - graduate).
- I will attend the college/university listed on my I-20.
- I will obtain prior approval from the DSO if I dual enroll at two different institutions during any given semester. It is highly recommended that international students take the majority of their credits per semester at the institution who issued the I-20.
- I will provide the DSO with copy of my class schedule if I am enrolled at another institution at the same time I am enrolled at Siena Heights. I understand that I must do this by the end of the first week of classes at Siena Heights.
- I will report any address change, residence change or name change for myself and any dependents to the DSO within 5 days of the change. I understand that this information will be electronically sent to SEVIS within 21 days as required by current United States government regulations. Do note that if a student has been SPECIAL REGISTERED and needs to change his/her address, a paper form AR-11 SR must also be completed.
- I will apply for an extension of my program of study if I know that I will not be completing my program on time. I will apply for this 30-60 days before the expiration date of my I-20.
- I will obtain a new I-20 Form if I change from one major or field of study to another.
- I will obtain a new I-20 Form if the source of my funding changes.
- I will maintain a valid passport at all times unless I am exempt from passport requirements.
- Prior to traveling outside the United States, I will ensure that my I-20 Form has been endorsed for travel by the DSO within the last six months.
- I will notify the DSO of any accompanying dependents in F-2 or J-2 status and provide full biographical information on these individuals on the I-20 Request Form.



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International Student Agreement (cont.)

- I will not work in the United States without authorization. F-1 students are eligible to work on campus up to 20 hours per week when school is in session. Eligible F-1 students may apply for Optical Practical Training (OPT) after graduation. The DSO has full information on requirements and eligibility rules.
- I will complete an official immigration transfer whenever I change educational institutions. F-1 students must notify their current institution of their intent to transfer; obtain an I-20 Form from their new institution; and report to the DSO at the new school within 15 days of the program start date listed on the I-20 Form.
- If I withdraw or am asked to leave Siena Heights University, I will report this to the DSO immediately. I understand that I have no more than 15 days to leave the United States. Failure to report this to the DSO will result in the termination of my student F-1 status.
- I understand that I have no more than 60 days after the completion of my degree to remain in the United States.
- I will purchase University health insurance or provide a copy of my home country policy which covers my health needs while in the USA.
- I will live in University housing in accordance with the SHU Residence Hall policies. All students who receive financial assistance are required to live in University housing. Additionally, all students under the age of 21 are required to live in University housing. Other rules apply. The University Residence Life Department maintains a complete listing of all rules and regulations.
- I understand that I am obligated to stay at SHU for one full semester of classes. If I chose to transfer after or before the start of classes for which my I20 is issued, I will be obligated to pay a \$500 International Student Transfer Fee.

Name (Please print): _____

Signature: _____

Date: _____



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HEALTH HISTORY FORM

(To be completed by student)

Students' overall health is of the utmost importance. Your health history is vital and will aid in providing health care while you are enrolled at SHU. Carefully complete the enclosed health form and mail it to us as soon as possible. If you are being treated for any health condition, please ask that a summary be sent to us for inclusion in your health record. All information will be kept confidential and used only to provide safe and complete care for our students. No medical information can be released to anyone, including your parents, without your written permission.

_____/_____/_____
Last Name First Middle (print) DOB Gender M / F

Street Address City State Zip Home / Cell Phone #

Other phone number Resident or Commuter

EMERGENCY CONTACT INFORMATION

Name Phone Relationship

Name Phone Relationship

Name Phone Relationship

INSURANCE INFORMATION

Insurance Company's Name Subscriber's Name Group # Policy #

FAMILY PHYSICIAN

CURRENT MEDICATIONS

Name

Street Address

City State Zip

ALLERGIES: _____

Telephone

PARENT OR GUARDIAN: I hereby give my permission for such necessary and emergency care to be given to my son/daughter at an approved medical facility (to be signed by parent or guardian for all applicants under 18 years of age).

Signature of Parent or Guardian Date



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Please circle if you have had or currently have any of the following and provide approximate dates below.

Asthma	Bronchitis/Pneumonia	Frequent colds
Alcoholism or chemical dependency	Headaches: Chronic Migraines	Heart Disease/Heart Murmur
Anemia or bleeding disorder	Dental Problems	Lung Disease
High Blood Pressure	Obesity	Bone or Joint Disease
Hepatitis	Cancer	Rheumatic Fever
Chickenpox	Diabetes or hypoglycemia	Thyroid Disease
Kidney Disease	Ruptured or enlarged spleen	Ruptured Hernia
Concussion	Meningitis	Marfan Syndrome
Mononucleosis	Skin Disease	Epilepsy/seizure disorder
Psychiatric Treatment	Eating Disorder	Suicide Attempts
Depression	Anxiety	Pregnancy
Tuberculosis	Seasonal Allergies/Hay Fever	ADD/ADHD
Severe Acne	Head Injury	Stomach Problems
Recurrent STD's	Genital Herpes	
Other conditions:		

Please explain and provide dates: _____

FAMILY HISTORY

Among your blood relatives, is there any history of the following: (please circle)

Hypertension	Heart Attack	Diabetes
Cancer	Kidney Disease	Suicide/Depression
Alcoholism/chemical Dependency	Tuberculosis	High Cholesterol

Please list relationship of family member with above condition(s): _____

HEALTH HABITS

	Yes	No		Yes	No
Do you exercise 2 or more times a day?			Do you eat 3 meals a day?		
Do you regularly get 6-8 hours of sleep?			Do you use tobacco?		
Do you drink alcoholic beverages?			Do you use "street drugs"?		

IMMUNIZATIONS

Immunizations provide protection against many serious and life threatening diseases. We strongly advise you contact your healthcare provider to discuss and obtain the following immunizations prior to arrival on campus: Meningitis (Menactra), Tetanus/Pertussis (Tdap), Chicken Pox or immunity (Varicella), and Hepatitis B and A

Please provide the most recent dates. (may attach record of immunizations)

- A. Tetanus and Diphtheria (Td or Tdap) dates: ___/___/___ ___/___/___
- B. Tetanus and Diphtheria (DPT) series dates: ___/___/___ ___/___/___ ___/___/___ ___/___/___ ___/___/___
- C. Measles, Mumps, Rubella (MMR) dates: ___/___/___ ___/___/___
- D. Polio (OPV or IPV) Completed primary series ___Y ___N Date of last booster ___/___/___
- E. Varicella (Chicken Pox) History of Disease ___Y ___N Vaccination dates ___/___/___ ___/___/___
- F. Hepatitis B (Hep B) ___/___/___ ___/___/___ ___/___/___
- G. Meningococcal (Menactra) ___/___/___ H. Hepatitis A (Hep A) ___/___/___ ___/___/___
- I. Human Pappillomavirus (HPV) ___/___/___ ___/___/___ ___/___/___

Other vaccines not listed: _____

I certify that the above information is complete and accurate. I give permission to the University to contact my parent(s) or guardian(s) in order to provide them with information regarding my medical condition when necessary. In addition, I give permission to my physician to provide the information requested in the physician's section of this form and any other appropriate medical information to the University's Health Services Department.

Student Signature _____ Date _____



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Section B—Parents' Information

12. What is your parents' current marital status? (Mark only one box.)
 Married Separated/Divorced Mother living/Father deceased
 Father living/Mother deceased Other (explain) _____
13. Father's name: _____ 14. Mother's name: _____
 a. Age: _____ a. Age: _____
 b. Address: _____ b. Address: _____
 c. Occupation/Title: _____ c. Occupation/Title: _____
 d. Employer: _____ d. Employer: _____
 e. Number of years with employer e. Number of years with employer
15. How many people, including yourself, depend on the income of your parents for daily living expenses?

16. **Family Member Listing.** Provide information for **all** family members you included in question 11 or 15. **Do not give information about yourself.**

Full name of family member	Age	Educational information 2007-08						Educational information 2008-09			
		Relationship to you	Name of school or college	Year in school or college	Tuition and fees	Room and board	Scholarships and gift aid	Amount of parents' contribution	Name of school or college	Total cost	Amount of parents' contribution

Section C—Financial Information

17. Documentation must be provided to verify income and asset information requested on this form. Please check the type of documentation you will be sending.
 Tax forms Statement from employer Other (specify—for example, bank statement) _____
18. What is the present exchange rate of your country's currency to the U.S. dollar? (for example, 3,100 pesos = \$1) _____ = \$1
19. Does your government currently impose restrictions on the exchange and release of funds for study in the United States? Yes No
 If yes, describe restrictions: _____
20. Do you have a source of emergency funds once you arrive in the United States? Yes No
 If yes, name source: _____
 Amount available in U.S.\$ _____
21. How will you pay for your transportation to the United States? _____
22. During 2007, how much of your household income (before taxes or expenses) came from the following sources (in U.S. dollars)?
 a. Father's work \$ _____ e. Family business \$ _____ i. Interest or dividends \$ _____
 b. Mother's work \$ _____ f. Family real estate holdings \$ _____ j. Housing, food, and other living allowances \$ _____
 c. Your work \$ _____ g. Pension/annuity/retirement \$ _____ k. Other (explain) \$ _____
 d. Your spouse's work \$ _____ h. Other members of the household \$ _____
23. Will there be a significant increase or decrease in your family's income next year? Yes No If yes, explain: _____

Section D—Asset Information

24. Does your family own its home? Yes No (If yes, complete 24a–24d below.)
 a. What year was it purchased? _____ c. How much does your family still owe on the purchase price? U.S.\$ _____
 b. What was the original purchase price? U.S.\$ _____ d. What is the present market value? U.S.\$ _____
25. Does your family own a business? Yes No (If yes, complete 25a–25d below.)
 a. Date business commenced _____ c. Your parents' share of business value U.S.\$ _____
 b. Type of business _____ d. Your parents' share of business indebtedness U.S.\$ _____



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Section D— Asset Information (continued)

26. Please list the value of the following family assets (if applicable):
- | | | | |
|-----------------------------------------------------|--------------|--------------------------------------------------|--------------|
| a. Land and buildings (other than home or business) | U.S.\$ _____ | d. Assets owned by student | U.S.\$ _____ |
| Indebtedness on land and buildings | U.S.\$ _____ | e. Money owed to family by others | U.S.\$ _____ |
| b. Savings | U.S.\$ _____ | f. Repayment (of 26e) expected this year | U.S.\$ _____ |
| c. Investments (such as stocks and bonds) | U.S.\$ _____ | g. Other (jewelry, artwork, antiques, etc.) | U.S.\$ _____ |

27. Do you or your family have money, property, or assets in another country? Yes No (If yes, complete the grid below. Include amounts in **26** above.)

	U.S.\$ Value	In which country(ies)?	Asset owner
Money	U.S.\$ _____		
Property	U.S.\$ _____		
Assets	U.S.\$ _____		

28. Do you or your family own an automobile(s)? Yes No (If yes, complete **28a** and **28b** below for each automobile.)
- a. Make (VW, Fiat, Ford, Toyota, etc.): _____ b. Year of manufacture: _____

Section E— Expenses

29. How much did your family spend on the following expenses during 2007? SPECIFIC AMOUNTS ARE NEEDED.
- | | | | |
|-----------------------|--------------|----------------------------------------|--------------|
| Rent or mortgage | U.S.\$ _____ | Amount allocated to savings/retirement | U.S.\$ _____ |
| Utilities | U.S.\$ _____ | Automobile maintenance | U.S.\$ _____ |
| Food | U.S.\$ _____ | Insurance (health and property) | U.S.\$ _____ |
| Clothing | U.S.\$ _____ | Entertainment | U.S.\$ _____ |
| Household necessities | U.S.\$ _____ | Vacations | U.S.\$ _____ |
| Medical expenses | U.S.\$ _____ | Servants | U.S.\$ _____ |
| Educational expenses | U.S.\$ _____ | Other | U.S.\$ _____ |
| Loan payments | U.S.\$ _____ | Please explain: _____ | |
| Taxes | U.S.\$ _____ | | |

30. How much money does your family owe to other people or to financial institutions? U.S.\$ _____
- Reason for debt: _____ Amount paid on debt in 2007 U.S.\$ _____

31. Does your family employ other people? Yes No If yes, how many in the home? [] In the family business? []

Section F— Expected Support for Educational Expenses

32. Enter the expected amount of annual support toward your educational costs from the sources listed below:

Sources	2008-09	2009-10	2010-11	2011-12
Student's vacation earnings	U.S.\$ _____	U.S.\$ _____	U.S.\$ _____	U.S.\$ _____
Student's assets	U.S.\$ _____	U.S.\$ _____	U.S.\$ _____	U.S.\$ _____
Family's income	U.S.\$ _____	U.S.\$ _____	U.S.\$ _____	U.S.\$ _____
Family's assets	U.S.\$ _____	U.S.\$ _____	U.S.\$ _____	U.S.\$ _____
Relatives and friends	U.S.\$ _____	U.S.\$ _____	U.S.\$ _____	U.S.\$ _____
Your government	U.S.\$ _____	U.S.\$ _____	U.S.\$ _____	U.S.\$ _____
Agencies and foundations	U.S.\$ _____	U.S.\$ _____	U.S.\$ _____	U.S.\$ _____
Private sponsor (explain in Section G)	U.S.\$ _____	U.S.\$ _____	U.S.\$ _____	U.S.\$ _____
Other (explain in Section G)	U.S.\$ _____	U.S.\$ _____	U.S.\$ _____	U.S.\$ _____

33. List agencies/foundations/government to which you are applying for financial aid. (If more than two, attach a list.)

Agency/Foundation/Government	Application Date	Award Notification Date	Expected Amount in U.S.\$

Section G— Explanation/Special Circumstances

Use this space to explain any unusual expenses, other debts, or special circumstances that the institution should consider when it is deciding how much financial aid, if any, you will receive. Use additional sheets of paper if necessary.

Section H— Certification and Authorization

We declare that the information on this form is true, correct, and complete. The college has our permission to verify the information reported by obtaining documentation as needed.

WARNING: Providing false information may jeopardize a student's visa status and furthermore may result in a college revoking its initial decision to enroll the student.

STUDENT'S SIGNATURE: _____ DATE: _____
 SPOUSE'S SIGNATURE: _____ DATE: _____
 FATHER'S SIGNATURE: _____ DATE: _____
 MOTHER'S SIGNATURE: _____ DATE: _____



International Studies

Sage Union
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email: international@sienaheights.edu

Athletic Scholarships

Athletic grants at SHU are awarded by the coaches of each sport. **Awards are strictly based on ability and what value a student-athlete would bring to the team.** The coaches have parameters that they must stay within when awarding their athletic grants. The maximum dollar amount a coach may award is \$8000, the minimum award for a "scholarship student-athlete" is \$500. Each coach may award their athletic grants within their parameters that they see fit. Coaches award athletic grants in conjunction with our financial aid office. The coaches will recommend an amount to the financial aid office for approval. This approval comes in conjunction with the remaining portion of the financial aid package such as International Student Assistance.

Most coaches request evidence of an athlete's ability. Local US based athletes are invited to campus to showcase their skills. International athletes usually cannot come to campus due to cost and distance. The University recognizes this situation and encourages international athletes to submit DVDs, recommendations from their coaches, copies of awards and distinctions, posting of footage on YouTube and various other means available to provide SHU coaches with an overview of their abilities.



In order to qualify to play a sport at SHU, all athletes must present evidence of **two** of the following:

1. Minimum of 18 on the Enhanced ACT or 860 on the SAT.
2. Graduation in the upper one half of high school graduating class.
3. An overall GPA of 2.0 on a 4.0 scale (if grades are not in the system, they must be converted and verified)

All potential athletes must present original, certified copies of transcripts.

Questions on the above and other information related to international athletic grants can be directed to jhanson@sienaheights.edu



International Student Athletic Grant Application

Name: _____ Country: _____

Sport: _____ Projected Start Date at SHU: _____

I am providing evidence of my ability by the following:

- DVD YouTube Footage Web Site Address: _____
- Coaches' recommendations Overview of timings and scores
- Copies of athletic awards and distinctions Other: _____

I am providing the following to support my application. Proof of the following must accompany the application.

- Official ACT or SAT score Graduation in the upper one-half of high school class
- Official CGPA of 2.0 or above Acceptance by SHU

All materials must be enclosed with this application. Copies of original reports are preferred.