



SPANISH LANGUAGE INSTITUTE SINGLES' APPLICATION FORM

Apdo. 100-2350 San José, Costa Rica
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From US: 1-800-642-1375

YOUR
PHOTO

MONTH & YEAR YOU PLAN TO ENTER JAN. / MAY / SEP. 200__		NUMBER OF TERMS YOU PLAN TO STUDY <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3			STUDENT NUMBER (office use only)		
First Name		Preferred Name		Middle Initial	Last Name		Single <input checked="" type="checkbox"/>
Street Address			City	State	Zip Code	Country	Male <input type="checkbox"/> Female <input type="checkbox"/>
Home Phone	Office Phone	Email		Date of Birth Mo Day Yr		Age	Place of Birth
Citizenship		Passport Number			Country		

_____ Please make arrangements for housing and/or airport pick-up through the Big Brother Program. (Return Big Brother Information Form [included] along with this form, immediately if you chose this option.)

_____ I will make my own arrangements for both housing and airport pick-up.

SELF EVALUATION

- _____ A. I am a beginner. I only know a few words or phrases.
- _____ B. I know survival Spanish; e.g. I can ask questions, order food, ask how much something costs and make purchases, etc.
- _____ C. Intermediate Spanish; I can carry on simple conversations using present, past and future tenses. I can give directions, describe my work and future plans, etc.
- _____ D. Advanced Spanish. I feel comfortable and confident in all conversations about any familiar subject. I do not hesitate to use both indicative and subjunctive moods in all tenses. I have sufficient vocabulary to tell a story and give a good description. I understand and participate in most Spanish humor.

CONFIDENTIAL INFORMATION FOR STUDENT LIFE DEPARTMENT

Are you currently or have you in the past, sought professional help for health problems, depression, psychological or physical addictions, or high stress? Yes _____ No _____ If yes, please explain below, or in person if you prefer.

Have you ever used, or are you now using a mind-altering substance (Lithium, Prozac, narcotics, marijuana, amphetamines)? Yes _____ No _____ If yes, please explain briefly _____

ADDITIONAL INFORMATION

MISSION BOARD OR SENDING AGENCY		Phone	Fax
Mailing Address		Email	
Expected Country of Service	Assignment after language school (Teacher, Pilot, Church Planter, etc.)		
Name of Supervisor while in Language School		Phone	Fax
Mailing Address		Email	
INSURANCE INFORMATION			
Are you and your family covered by medical insurance? Yes _____ No _____			
Who is your insurance provider? _____ Policy Number _____			
Is your insurance valid in Costa Rica? Yes _____ No _____			
PLEASE SEND WITH THIS APPLICATION			
<ol style="list-style-type: none"> 1. A \$100.00 non-refundable pre-registration fee per person OR \$110 for non-missionary adult students. 2. A \$200.00 deposit per family unit to be used to reserve and hold housing. 3. An individual or family photo. 			
<p>Note: Checks should be made out to Instituto de Lengua Española and mailed together with application form and photo to Apdo. 100-2350, San José, Costa Rica. It's advisable to use certified mail. Tuition and other fees are payable during Orientation Week, and are NON-REFUNDABLE after the first week of classes.</p>			
Your signature _____		Date _____	