Summer TESOL Certificate Program
Application
July 1st through July 26th, 2019
Application deadline: April 12, 2019

Please type or print in ink. Enrollment is limited. Late applications will be accepted on a space-available basis.

Application Requirements

- Completed application form.
- Official transcript from highest educational level attained. *(High school graduation required.)*
- One-page statement of purpose explaining your interest in the Certificate program.
- Two letters of recommendation from persons qualified to assess your academic/professional potential for the program.
- Proof of Medical Insurance if not insured through SMC.

International students must also include:

- Affidavit of financial support and financial documentation.
- Official TOEFL/IELTS score report from the testing agency. The minimum score for admission is 550 PBT/79 IBT (TOEFL) or 6.5 (IELTS).
- Photocopy of passport page showing correct spelling of name and date of birth.

BIOGRAPHICAL/PERSONAL INFORMATION

Name *(as it appears on passport):*

<table>
<thead>
<tr>
<th>Last name/Family name/Surname</th>
<th>First name/Given name</th>
<th>Middle name</th>
</tr>
</thead>
</table>

Gender: _____ Male _____ Female *(optional)*

Date of birth: ____/____/____ (optional)

Country of birth: _______________________________

Country of citizenship: ___________________________

*International Students Only: Please send official TOEFL score report.*

Date taken: ____/____/____

Score: __________

CONTACT INFORMATION

Mailing address:

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>Province/State</th>
<th>Country</th>
<th>Postal code</th>
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</thead>
</table>

Permanent address:

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>Province/State</th>
<th>Country</th>
<th>Postal code</th>
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</thead>
</table>

Telephone number:

<table>
<thead>
<tr>
<th>Country code</th>
<th>City code</th>
<th>Phone number</th>
</tr>
</thead>
</table>

Email address:
Emergency Contact

Name
Phone
Relationship

How did you hear about the Certificate program?

Are you applying for on-campus room and board?  __Yes (Please complete housing form.)  __No

Do you have your own medical insurance (not included in program)?  __Yes  __No

If you are currently working and/or studying, please describe:

EDUCATION INFORMATION – Please send transcript of highest educational level attained.

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Location</th>
<th>Year of Graduation or Dates Attended</th>
<th>Degree</th>
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</thead>
<tbody>
<tr>
<td>High School</td>
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<tr>
<td>College/University</td>
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<td></td>
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<tr>
<td>Graduate School</td>
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<tr>
<td>Other</td>
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</tbody>
</table>

If you have ever taught English to Speakers of Other Languages (TESOL), please describe:

Additional information you wish to supply:

Please list and rate proficiency in other languages you know: Fluent, Good, Fair, Minimal

<table>
<thead>
<tr>
<th>Language</th>
<th>Reading</th>
<th>Writing</th>
<th>Speaking</th>
<th>Aural comprehension</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Please send completed applications and supporting materials to:
TESOL Certificate Program
Applied Linguistics Department
Saint Michael’s College
One Winooski Park, Box 253
Colchester, VT USA 05439

For more information, please contact MATESOL Administrative Assistant:

Email: tesol@smcvt.edu
Telephone: (802) 654-2684  Fax: (802) 654-2595
Web: www.smcvt.edu/tesol
Facebook: www.facebook.com/SMCTESOL
Twitter: @smc_tesol
INTERNATIONAL STUDENTS
Financial Certification

Please submit a **bank statement** verifying that you have sufficient financial resources to provide for academic and personal expenses while attending the Certificate program. This information is required before immigration documents (I-20 form) are issued.

**AFFIDAVIT OF APPLICANT, GUARANTOR, OR PARENT GUARANTEEING SUPPORT**

<table>
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<th>Last name/Family name/Surname</th>
<th>First name/Given name</th>
<th>Middle name</th>
</tr>
</thead>
</table>

I will have US $________________ to study for 4 (four) weeks in the Certificate program at Saint Michael’s College.

Signature of applicant: __________________________________________________ Date: ___________________

Signature of person providing support: ________________________________ Date: ___________________

PRINT name of person providing support: _______________________________________________________

<table>
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<th>Street</th>
<th>City</th>
<th>Province/State</th>
<th>Country</th>
<th>Postal code</th>
</tr>
</thead>
</table>

Sponsor’s telephone number:

<table>
<thead>
<tr>
<th>Country code</th>
<th>City code</th>
<th>Phone number</th>
</tr>
</thead>
</table>

Sponsor’s email address:
Summer TESOL Certificate Program
Financial Aid Application

July 1st through July 26th, 2019

Application deadline: April 12th, 2019

A limited number of scholarships may be awarded up to a maximum of $500 on a competitive basis. Award decisions will be made on a first-come, first-served basis using a combination of the following criteria:

- Financial need
- Evidence of academic success
- Evidence of professional excellence or promise in the field of TESOL

Name of applicant: ___________________________________________ Date of birth: _____ / _____ / _____ (required)

Mailing address: ______________________________________________________

Permanent address: ___________________________________________________

Telephone number: ______________________________ Email: ______________________________

Are you being sponsored by your government or any other agency for part or all of your program expenses?

_____ Yes, in the amount of $________________. Name of sponsor: ________________________________

_____ No

Are you being sponsored by any other person (relative/friends) for part or all of your program expenses?

_____ Yes, in the amount of $________________. Name of sponsor: ________________________________

_____ No

Please attach a letter indicating:

- The reasons for your need for financial aid, and
- Evidence of your academic/professional performance or any other details that support your application for a scholarship.

I certify that the above statements are true and clearly reflect my financial situation. All funds received will be used solely for the Certificate program tuition costs incurred as a student at Saint Michael's College and are non-transferrable.

Signature: ___________________________________________ Date: __________________________

Name: ___________________________________________ Gender: Female Male

Last name/Family name/Surname
First name/Given name
Middle name

Mailing address:

Street
City
Province/State
Country
Postal code

Telephone number:

Country code
City code
Phone number

Email address:

Date of arrival: ____________________________________ Date of departure: __________________________________

HOUSING OPTIONS

_____ Please reserve a single room in a Saint Michael’s residence hall* with 14 meals for four weeks.

_____ Please reserve a Saint Michael’s family townhouse* with no meal plan for four weeks.

_____ Please reserve me linens for my four-week stay.

_____ I do not need on-campus housing.

*Pending availability.

HOUSING COSTS PER WEEK

Private room, residence hall, including meals $150
Family Townhouse, without meal plan* ++ $250
Optional linen service $23

*Availability not guaranteed
++Immediate Family Members Only

Townhouse: 4-5 furnished single rooms, with kitchen, bathroom and living room. Furnishings DO NOT include cookware, dishes or silverware.

IMPORTANT NOTES

• The room and board fee, including dinner, begins on Sunday, June 30th. Students who arrive before then will be charged a per diem room and board fee.

• Air conditioners, pets, and smoking are NOT permitted in campus residences. All campus facilities are non-smoking.

• Linen service and the blanket/pillow rental and replacement fee are included in the room and board fee for students only. It does not include guests or family members.

I understand that signing this form commits me to campus housing and that I will be billed accordingly.

Signature: ___________________________________________ Date: ________________________