

# HOPE COLLEGE

## English Language Acquisition Program

### Application

Application Deadline: June 1, 2018

Complete this application and attach the following documents:

\*Most recent transcript of the institution or high school you have attended

\*Official TOEFL score report

#### STUDENT INFORMATION

Name \_\_\_\_\_  
First Name (Legal) Middle Name Last (Family) Name

Date of Birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Are you currently in the U.S.? If so, under what visa? \_\_\_\_\_  
(F-1, J-1, etc.)

Current Mailing Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Permanent Address \_\_\_\_\_

Current Academic Status  high school graduate  undergraduate university

University: \_\_\_\_\_

Academic Major(s) \_\_\_\_\_ Minor \_\_\_\_\_

Date of last TOEFL exam \_\_\_\_\_ TOEFL score (iBT) \_\_\_\_\_

#### PARENT/GUARDIAN EMERGENCY CONTACT INFORMATION

Name \_\_\_\_\_ Name \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Student Name \_\_\_\_\_  
First Name (Legal) Middle Name Last (Family) Name

**HOUSING APPLICATION (USED ONLY FOR HOMESTAY PLACEMENTS)**

Current Age \_\_\_\_\_ Gender  Male  Female

Dietary Restrictions \_\_\_\_\_

Hobbies \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you smoke?  Yes  No

Do you have any allergies?  Yes  No

If yes, please explain: \_\_\_\_\_

Describe your family: \_\_\_\_\_

\_\_\_\_\_

I understand that if accepted into ELAP, I will be required to provide additional documentation as it pertains to my health, medical insurance, etc.

I understand that the program fee is required prior to arrival at Hope College.

I certify that I am eligible to participate in this program and that the statements made throughout this application are true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Instructions: Complete this application, attach the additional required documents, and return to:*

ELAP—Fried Center for Global Engagement  
Hope College  
257 Columbia Ave.  
Holland, MI 49423  
USA

FAX: 616-395-7937

EMAIL: [lowell@hope.edu](mailto:lowell@hope.edu)

Application materials may also be faxed or sent via email.