

Form 1A: Student Information Worksheet

ESTIMATED ANNUAL EXPENSES: TUITION

	Seminary (Masters)	DMin	PhD/EdD
SBC Tuition	\$5,040	\$6,820	\$7,340

The Information requested in this form will be used to create and issue an I-20. Please complete and return the entire form, being sure all names appear as listed on passport.

TODAY'S DATE: _____ (MM/DD/YY) STUDENT ID : _____

FULL NAME (*Mr., Mrs., Ms., Miss*): _____
Family (Last) Name First (Given) Name

E-MAIL ADDRESS: _____@_____. _____

SOCIAL SECURITY NUMBER (*if issued*): _____ - _____ - _____

PASSPORT EXPIRATION DATE (MM/DD/YYYY): _____

I-20 EXPIRATION DATE (IF APPLICABLE): _____

CURRENT VISA STATUS: _____

CURRENT ADDRESS:

Address 1: _____

Address 2: _____

City: _____

State: _____

Postal Code: _____

PHONE NUMBER: (_____) _____ - _____

Form 1A: Continued

MARITAL STATUS: *Married* ___ *Single* ___

If married, will members of your family be coming with you? ___ *Yes* ___ *No*

o If yes, please list the following dependent information:

Family Name	First & Middle Name	Date of Birth	Country of Birth	Citizenship	Relation to Student

CURRENT DENOMINATIONAL AFFILIATION (ONCE ARRIVED, EXPECTED TO ATTEND SBC-AFFILIATED CHURCH):

DO YOU CURRENTLY HAVE INSURANCE? _____ *Yes* _____ *No*

If yes, what is the expiration date: _____

PLEASE NOTE: International Students are required to carry health insurance while a student in the US. Southeastern does not provide options health insurance, but in most cases, you may maintain what insurance you currently have through your home country.

DESIRED PROGRAM OF STUDY (PLEASE CHECK ONE) :

- | | |
|--------------------------------|--------------------------------|
| ___ COLLEGE/UNDERGRADUATE (BA) | ___ MASTER OF THEOLOGY (THM) |
| ___ MASTER OF ARTS (MA) | ___ DOCTOR OF MINISTRY (DMIN) |
| ___ MASTER OF DIVINITY (MDIV) | ___ DOCTOR OF EDUCATION (EDD) |
| | ___ DOCTOR OF PHILOSOPHY (PHD) |

SEMESTER ENROLLING (MONTH/YEAR): _____

ANTICIPATED GRADUATION DATE (MONTH/YEAR): _____

Form 3: Affidavit of Financial Support*

Please complete the form below for the student, student sponsor, or for both using multiple copies, being sure to also include any required additional documentation (refer to pg. 2 of this packet for estimated expenses). US Immigration regulations require full documentation of all financial resources sufficient **for the first academic year of study as a minimum. An I-20 cannot be issued if funds are inadequate or are not properly documented.** Due to the nature of both employment and financial aid eligibility for international students, it is strongly recommended that students come prepared to fund not only their first academic year but also their full program of study.

Student Name _____
Last or family name (surname) First Name (given name) Middle/Maiden

Sponsor Name OR Self (if self-supporting) _____ / _____
(If sponsor is an organization, please provide name of organization as well as name of primary contact)

Address _____
Street Number and Address (Sponsor or Self) Apartment Number (if applicable)

City State or Province Postal Code Country

Phone (____) ____ - _____ Email _____ @ _____

"I/we pledge to give U.S. \$_____ for the above student annually for _____ year(s). I/we further acknowledge that by signing this form, I/we understand that a commitment is being made for the amount and length of time indicated and that a failure to fulfill a portion of or all of that commitment could contribute to or result in a stop or termination of the above student's F-1 status."

SPONSOR'S SIGNATURE: _____ DATE: _____

In addition to the above signature, please also fulfill the following two requirements in order for the affidavit to be considered complete:

- 1. A COORDINATING OFFICIAL BANK OR FINANCIAL STATEMENT MUST BE ATTACHED AND ACCOMPANIED BY A TRANSLATED OR CONVERTED VERSION OF IT INTO BOTH THE ENGLISH LANGUAGE AND TO U.S. CURRENCY, HAVING BEEN EXECUTED BY EITHER THE FINANCIAL INSTITUTION (*PREFERRED*) OR APPLICANT.**
- 2. AS APPLICABLE, THIS DOCUMENT SHOULD BE EITHER NOTARIZED OR BEAR AN ADDITIONAL OFFICIAL STAMP, MARK, OR SIGNATURE OF AUTHENTICITY BY A PARTY AUTHORIZED TO ADMINISTER OATHS OR ACKNOWLEDGMENTS. ****

*Please duplicate this document for as many sponsors as needed to meet financial obligation.

**Complete notarization or mark of authenticity in space below.

Form 3B: Summary Worksheet of Financial Support

PLEASE LIST AND PROVIDE A SUM OF THE TOTAL AMOUNT OF FUNDS FROM 3A FOR AS MANY AS SOURCES OR SPONSORS AS ENLISTED (REFER TO PG. 1 FOR ANNUAL TUITION). THE TOTAL AMOUNT OF STUDENT FUNDS MUST MEET OR EXCEED THE AMOUNT OF TUITION PROVIDED. IF AVAILABLE, IT IS STRONGLY ENCOURAGED TO SHOW SUPPORT FOR FULL PROGRAM OF STUDY.

<u>FINANCIAL RESOURCES:</u>	<u>1ST YEAR EXPENSES</u> (approximate)	<u>FULL PROGRAM EXPENSES</u> (if available)
Source on Form 3A: _____	\$ <input style="width: 80px; text-align: right;" type="text" value=".00"/>	<input style="width: 100px; height: 20px;" type="text"/>
Additional source on Form 3A: _____ <i>(If applicable)</i>	\$ <input style="width: 80px; text-align: right;" type="text" value=".00"/>	<input style="width: 100px; height: 20px;" type="text"/>
Additional source on Form 3A: _____ <i>(If applicable)</i>	\$ <input style="width: 80px; text-align: right;" type="text" value=".00"/>	<input style="width: 100px; height: 20px;" type="text"/>
Additional source on Form 3A: _____ <i>(If applicable)</i>	\$ <input style="width: 80px; text-align: right;" type="text" value=".00"/>	<input style="width: 100px; height: 20px;" type="text"/>
Total Funds:	\$ <input style="width: 80px; text-align: right; border: 2px solid red;" type="text" value=".00"/>	<input style="width: 100px; height: 20px;" type="text"/>

THIS FINANCIAL SUMMARY STATEMENT SERVES AS A PERMANENT RECORD KEPT IN THE STUDENT'S FILE; IT IS USED TO COMPLETE INFORMATION IN SEVIS IN ORDER TO CREATE THE STUDENT'S I-20, AND IT IS ALSO, IN PART, THE GUARANTEE THAT THE STUDENT HAS ADEQUATE FUNDS TO MATRICULATE AT SOUTHEASTERN.

DATE: _____

NAME: _____

Family Name
First (Given) Name
Middle

SIGNATURE: _____

PLEASE COMPLETE AND RETURN TO:

**OFFICE OF INTERNATIONAL STUDENT SERVICES
 120 S. WINGATE ST.
 WAKE FOREST, N.C. 27587**

Form 4: Health Insurance

Southeastern Baptist Theological Seminary requires all International students with F-1 visas, as well as accompanying spouses and children (F-2), to show proof of and maintain functioning health insurance for the duration of your time at Southeastern.

*International Students may *maintain* health insurance from their country of origin as long as the insurance is **acceptable** within the U.S.

HEALTH INSURANCE INFORMATION

IMPORTANT NOTE

Selecting your own insurance is complicated. While we cannot select an alternative plan for you, we suggest you select a plan that has at least the following coverage: (See provider list on the next page.)

- Medical benefits of at least \$50,000 (US\$) per accident or illness;
- Repatriation of remains in the amount of \$7,500 (US\$);
- Expenses associated with the medical evacuation of the exchange visitor (or accompanying spouse or dependent children) to his or her home country in the amount of \$10,000 (US\$);
- A deductible not to exceed \$500 per accident or illness.

The plan should not have too many conditions. Here are the basics you should expect:

- May require a waiting period for pre-existing conditions, which is reasonable as determined by current industry standards;
- May include a provision for co-insurance under the terms which the exchange visitor may be required to pay up to 25% of the covered benefits per accident or illness;
- Shall not unreasonably exclude coverage for perils inherent to the activities of the exchange program in which the exchange visitor participates.

Any plan or policy should at least meet these standards:

- Underwritten by an insurance corporation having an A.M. Best rating of "A-" or above, an Insurance Solvency International, Ltd. (ISI) rating of "A-" or above, a Standard & Poor's Claims-paying Ability rating of "A" or above, a Weiss Research, Inc. Rating of "B+" or above, or such other rating as the Agency may from time to time specify; or
- Backed by the full faith and credit of the government of the exchange visitor's home country; or
- Part of a health benefits program offered on a group basis to employees or enrolled students designated sponsor; or
- Offered through or underwritten by a federally qualified Health Maintenance Organization (HMO) or eligible Competitive Medical Plan (CMP) as determined by the Health Care Financing Administration of the U.S. Department of Health and Human Services.

Form 4: Health Insurance

Company's Name _____ Policy Number _____

Effective Date _____ Policy Holder's Name _____
MM/DD/YEAR

Here are some programs that many schools recommend which meet the requirements on the previous page:

GuideStone Financial Resources

(573) 636-0400, extension 330 - phone
E-mail:
www.guidestone.org/AboutUs/SecureContactForm
Website: www.guidestone.org

The Gateway Plans

(800) 282-4495 – phone
E-mail: gateway@marshpm.com
Website: www.gatewayplans.com

Compass Benefits Group

(800) 767-0169 - phone
E-mail: jfleming@compassbenefit.com
Website: www.compassbenefit.com

The Harbour Group, L.L.C.

(800) 252-8160 – phone
E-mail: info@hginsurance.com
Website: www.hginsurance.com

International Students Organization

(800) 244-1180 – phone
E-mail: mailbox@isoa.org
Website: <http://www.isoa.org>

HTH Worldwide Insurance Services

Sales: (877) 424-4325 (Toll-free);
(610) 254-8700 (Local)
Customer Service: (888) 350-2002 (Inside U.S.); (610) 254-8771 (Outside U.S.)
E-mail: studentinfo@hthworldwide.com
Website: www.hthstudents.com

VISIT International Health Insurance

(800) 247-5575 – phone
Email: info@visitinsurance.com
Website: www.visitinsurance.com

International Student Insurance

(877) 758-4391 - phone
Email: info@internationalstudentinsurance.com
Website: www.internationalstudentinsurance.com

****PLEASE ATTACH A COPY OF YOUR INSURANCE CARD TO THE END OF THIS APPLICATION****