

## Program Admission Form

(All fields are required unless listed as optional)

**SELECTED PROGRAM** (mark with an 'X')

**Athletic Program**

**Academic Program**



**PERSONAL INFORMATION**

Participant Full Name \_\_\_\_\_  
First Name Middle Initial Last Name

Date of Birth \_\_\_\_\_ Country of Citizenship: Republic of Korea  
(day/month/year)

Passport Number \_\_\_\_\_ Issuing Country \_\_\_\_\_

Participant Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_

Country \_\_\_\_\_ Postal code \_\_\_\_\_

Phone \_\_\_\_\_ e-mail \_\_\_\_\_

Fill out only if younger than 21 years of age:

Passport Number \_\_\_\_\_ Issuing Country \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_ Identification \_\_\_\_\_  
(Type & Number)

Mother/Guardian Name \_\_\_\_\_ Identification: \_\_\_\_\_  
(Type & Number)

**ABOUT YOUR FORMER EDUCATION** (all fields are required)

1- High School Information: High School name \_\_\_\_\_

\* Graduation Date (or expected) \_\_\_\_\_  
(day / month / year)

\* Grade Average \_\_\_\_\_ (Final or cumulative)

\* Maximum Possible Grade \_\_\_\_\_ \* Passing Grade: \_\_\_\_\_

2- University Information (if already attended one):

Institution Name \_\_\_\_\_

Field/s of Study \_\_\_\_\_

\* Graduation Date (or expected) \_\_\_\_\_ \* Courses Passed \_\_\_\_\_  
(day / month / year) (Number)

\* University Grade Average \_\_\_\_\_ (Final or cumulative grade)

\* Maximum Possible Grade \_\_\_\_\_ \* Passing Grade \_\_\_\_\_

3- Test Scores: (Only if taken already, these are NOT required to apply for the Program)



\* TOEFL Score \_\_\_\_\_ Date \_\_\_\_\_

\* SAT Score \_\_\_\_\_ Date \_\_\_\_\_

\* ACT Score \_\_\_\_\_ Date \_\_\_\_\_

### **ABOUT YOUR FUTURE EDUCATION**

1- Fields of study or academic Majors of interest:

1. \_\_\_\_\_

3. \_\_\_\_\_

2. \_\_\_\_\_

4. \_\_\_\_\_

2- Do you have a specific institution in mind? (Placement at these institutions is not guaranteed):

1. \_\_\_\_\_

3. \_\_\_\_\_

2. \_\_\_\_\_

4. \_\_\_\_\_

3- Do you have a preferred U.S. city or state? (Placement at these institutions is not guaranteed):

1. \_\_\_\_\_

3. \_\_\_\_\_

2. \_\_\_\_\_

4. \_\_\_\_\_

4- Please briefly describe your ideal institution:

5- Means of financial support: (mark with an 'X' multiple answers are allowed):

\_\_\_\_ Student personal funds

\_\_\_\_ Funds from parent/guardian

\_\_\_\_ Funds from other source (specify) \_\_\_\_\_

### **REGISTRATION**

1- Desired classes start date: Fall Term (August) 20\_\_\_\_

Spring Term (January) 2020

2- Academic status (mark with an 'X'): Freshmen \_\_\_\_\_

Transfer Student \_\_\_\_\_

### **PHYSICAL INFORMATION**

Height \_\_\_\_\_

Weight \_\_\_\_\_

Allergic \_\_\_\_\_

Current Treatment \_\_\_\_\_

### **EXTRA-CURRICULAR ACTIVITIES**

Hobbies:

Sports

Others



**WORKING EXPERIENCE**

(Please fill out with your last job experience. Only if applies, work experience is NOT a requirement)

Company / Organization: \_\_\_\_\_

Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

**PERSONAL OBJECTIVES** (Please describe)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How did you learn about IDEA?** (Please describe, multiple answers are allowed)

Newspaper \_\_\_\_\_ Recommendation \_\_\_\_\_

Magazine \_\_\_\_\_ Academic Fair \_\_\_\_\_

T.V. \_\_\_\_\_ Other \_\_\_\_\_

**Do you any friends/relatives who would like to hear about IDEA Programs?**

(Please provide names and e-mail address)

Name \_\_\_\_\_ E-mail \_\_\_\_\_

Name \_\_\_\_\_ E-mail \_\_\_\_\_

Name \_\_\_\_\_ E-mail \_\_\_\_\_

Name \_\_\_\_\_ E-mail \_\_\_\_\_

.....  
**\*Please fill out the section below ONLY if applying for the ATHLETIC SCHOLARSHIPS PROGRAM\***

**ATHLETIC INFORMATION**

Experience:

Athlete

Participant Sport/s at the Program \_\_\_\_\_

Position (only if applies) \_\_\_\_\_ Golf Handicap (only if applies) \_\_\_\_\_

Please select: Dominant Leg **right/left**      Dominant Arm **right/left**

Soccer: Please indicate one playing position for each system of play (only if applies):



#.....



#.....



#.....

Other sport of interest:.....