

APPLICATION PROCESS

1. Fill out application form.
2. As per US Government requirements for the non-working M-1 visa, please include a current personal bank statement to show sufficient funds to cover tuition and living expenses while studying at Broadway Dance Center or a letter of financial support and a copy of the supporter's bank statement:
 - \$6,000 for 3 months
 - \$12,000 for 6 months
 - \$24,000 for 1 year****This is NOT the tuition — you do not have to PAY this amount, you must only SHOW it in a bank statement.****
3. Please include a dance résumé describing your previous training and experience.
4. Two or more professional or personal dance photographs that best demonstrate your technical ability and strongest style.
5. Short essay (no more than one full type-written page) stating your dance goals and specifically how you plan to pursue them during your studies at BDC.
6. A copy of your valid passport is required.
7. Completed ISVP Health form signed and stamped by your physician.
8. Please include a \$250 (non-refundable) application fee (payable by money order, credit card, wire transfer, or travelers check in US dollars).
9. Please email application and forms to isvp@bwydance.com

Incomplete applications will not be accepted. Broadway Dance Center will notify you via email upon acceptance — you must have a valid email address. Once you have been accepted into the program, half tuition must be paid before Broadway Dance Center will issue the I-20 Certificate of Eligibility that is required to procure the M-1 visa.

METHODS OF PAYMENT

- **The easiest form of payment is a wire transfer directly into the Broadway Dance Center bank account.** The student is responsible for all bank fees incurred. Please fax or email the wire transfer receipt to BDC at 212/956-9088 or isvp@bwydance.com. **NOTE:** When sending payment through wire transfer, make sure the **Name of Student** and subject of wire transfer is on the receipt. Email isvp@bwydance.com for wire details.
- We also accept credit cards (Master Card, American Express, or Visa), money orders or travelers checks made out in US dollars for tuition payments.

INSURANCE

Traveler's Medical Insurance is **MANDATORY**.

UPON ARRIVAL to participate in the program, you must provide proof of your own traveler's medical insurance. BDC does not provide medical insurance but we can assist by directing you to CareMed International Travel Insurance. For further information, please visit www.caremed-travel.com — please indicate to them that you will be studying with us. BDC is not responsible for injuries or illness, and so it is imperative that all ISVP students carry medical insurance before they begin and during their course of study with Broadway Dance Center.

APPLICATION FORM

LAST NAME:		FIRST NAME:		NICK NAME:	
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE (check one)		DATE OF BIRTH: <small>Please write out date month year (ex. 18 April 1982)</small>		<input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE (check one)	
COUNTRY OF BIRTH:			COUNTRY OF CITIZENSHIP:		
NATIVE LANGUAGE:			OTHER LANGUAGES SPOKEN:		
PRESENT ADDRESS					
Street:			City:		
State:		Country:		Postal Code:	
TELEPHONE:			EMAIL:		
ADDRESS IN HOME COUNTRY (Leave Blank if Same as Above)					
Street:			City:		
State:		Country:		Postal Code:	
EMERGENCY CONTACT (MANDATORY INFORMATION), NAME:					
Street:			City:		
State:		Country:		Postal Code:	
TELEPHONE:			EMAIL:		
HOW DID YOU HEAR ABOUT BROADWAY DANCE CENTER?					
<input type="checkbox"/> Internet/Website <input type="checkbox"/> Mail <input type="checkbox"/> Brochure <input type="checkbox"/> Magazine <input type="checkbox"/> Friend (Please write Friend's Name):					
<input type="checkbox"/> Other (Please specify):					
Please list the name of the schools (Dance School or University) you are currently attending:					

WHICH COURSE ARE YOU APPLYING FOR: (CHECK ONE BOX)

✓	Course Length	Vacation	Tuition
	Three-month course	Continuous (no vacation)	\$2,550
	Six-month course	1 week	\$4,650
	Year-long course	2 weeks	\$8,950

INDICATE THE MONTH THAT YOU WOULD LIKE TO START

Start dates are as follows; Application & Half Tuition Deadlines are 45 Days Prior:

✓	Start Date	Earliest Submission Date	Application Deadline
	4 February 2019	4 December 2017	21 December 2018
	1 April 2019	5 February 2018	15 February 2019
	3 June 2019	2 April 2018	19 April 2019

PAYMENT INFORMATION - \$250 APPLICATION FEE (non-refundable)

*The best way to pay the application fee is by wire transfer. Email isvp@bwydance.com for wire details.

*Payment can also be made by money order, credit card, or travelers check in US dollars.

*If paying by credit card, please fill in the information below:

SSS

PLEASE INDICATE WHICH METHOD OF PAYMENT YOU WILL USE TO PAY THE APPLICATION FEE:

WIRE (recommended)

CHECK CASH MONEY ORDER

CREDIT CARD (*see below*)

Please chose a CC option: FILL OUT SECTION BELOW ONLINE (Contact ISVP@BWDANCE.COM)

Credit Card Type:	Credit Card No.
Expiration Month: Year:	Name on Card:
CVV Code:	Billing Postal Code:

REFUNDS

- A student whose application is refused by immigration will receive a refund for all tuition paid except application fees and some processing fees. A student requesting a refund must submit their original I-20 and a copy of the letter from the U.S. Embassy or other proof stating reason of denial.
- No refunds will be given for any absences not made up **during period of study**.
- A student wishing to withdraw or transfer must notify Broadway Dance Center in writing. No refunds will be given for early withdrawal or transfer.

RELEASE AND WAIVER

I understand that dance instruction requires physical exertion. I also acknowledge that injury may result during instruction, including but not limited to as a result of physical contact with other students, instructors, or fixed or movable objects, or the condition of the floor. I represent that I am medically and physically able to safely participate in dance classes, workshops, rehearsals, photo shoots and performances and to meet the physical demands thereof. I agree to assume all risks associated with participating in dance instruction, workshops, rehearsals, photo shoots and performances at or in connection with Broadway Dance Center. If, at any time hereafter, I have any medical or physical limitation or condition that might affect my ability to safely participate in dance classes, workshops, rehearsals, photo shoots or performances, or meet the physical demands required thereof, I will make such limitations and conditions immediately known to Broadway Dance Center.

In view of the foregoing, and as a term and condition of receiving dance instruction at Broadway Dance Center, I, for myself, my spouse, heirs, legal representatives and assigns, expressly release, waive and discharge Broadway Dance Center, its officers, directors, employees, agents, successors, predecessors, sponsors, legal representatives and assigns, from all present and future claims, demands, actions, judgments, executions and liabilities of any kind, known or unknown, that now have, ever had or may have, or claim to have, against Broadway Dance Center, its officers, directors, employees, agents, successors, predecessors, sponsors, legal representatives and assigns, created by, as arising out of, any dance instruction, workshop, rehearsal, photo shoot, performance or related activity, regardless of where held or when held, even though such claim or liability may arise out of negligence or fault on the part of any of the foregoing persons or entities, breach of contract or otherwise, and whether for bodily injury, property damages or loss or otherwise. This release is for the entire premises of Broadway Dance Center, including but not limited to locker rooms, studios, bathrooms, parking areas, sidewalks, alleys, stairwells, elevators, buildings and grounds.

*I hereby represent that I am over eighteen (18) years of age and that I will abide by all the terms and conditions of Broadway Dance Center's International Student Visa Program, including the above release and waiver.

X _____
Signature

Full Name Printed

Date



COMPULSORY HEALTH FORM

This health form must be signed by a physician and stamped with an official stamp.
This form is a confidential document solely between the student and BDC.

TODAY'S DATE: _____ COURSE START DATE: _____ LENGTH OF COURSE: _____

LAST NAME: _____ FIRST NAME: _____ NICK NAME: _____

MALE FEMALE (check one) DATE OF BIRTH: _____ Please write out-date month year (ex. 18 April 1982)

PARENT'S NAME: _____ PARENT'S PHONE NUMBER: _____

IN CASE OF EMERGENCY NOTIFY: _____

PHONE NUMBER AND EMAIL: _____

RELATIONSHIP TO STUDENT: _____

MEDICAL HISTORY

1. Please list any medical conditions you have:
may include asthma, allergies, diabetes, heart conditions, high or low blood pressure etc.

2. List all medications that you take. Please include birth control pills, vitamins and minerals.
We recommend that you bring what you may need or a written prescription from your physician.

NON-PRESCRIPTION: _____

PRESCRIPTION: _____

3. List any allergies or reactions you have had to medications.

MEDICATION	REACTION	DATE
_____	_____	_____
_____	_____	_____

4. Do you smoke? YES NO

5. List any allergies or reactions you have to foods, molds, pollens, bees, insects, animals etc.

6. List any physical or dance related problems you have including injuries, bone, joint, or muscular disorders, etc.

7. Have you ever been hospitalized?

(If yes, please specify below including dates)

YES

NO

PHYSICAL ILLNESS: _____

INJURY: _____

SURGERY: _____

PSYCHIATRIC: _____

8. Have you been diagnosed with mental health issues, severe stress, mood change, or personality disorder BDC should be aware of?

9. Have you been vaccinated for the following:

Chicken Pox

Measles

Mumps

10. Please list all doctors' information below, including primary care physician, chiropractors, physical therapists, etc.

PRIMARY PHYSICIAN _____ TELEPHONE _____

OTHER HEALTHCARE PROVIDERS _____ TELEPHONE _____

11. Student Declaration

I, _____ confirm that the information provided on this form is correct and true.

Student's signature _____ Date _____

12. Doctor's Statement

I, _____ confirm that _____ is physically and mentally fit to participate in 18 hours of dance per week whilst studying at Broadway Dance Center. I confirm that the above information listed in this health form is true and correct.

Doctor's Signature (required)

Date

Doctor's Official Stamp

Doctor's Address

Telephone Number

Email
