



As an International Athlete-Student applicant, Individual, Parent/Sponsors, Government, Sponsors, National Olympic Committee, or Sponsoring NGB must certify the funding sources to cover all expenses to train at the DITC and attend metro Atlanta institutions (HS, College, Graduate School).

**PLEASE NOTE: THIS FORM MUST BE COMPLETED BY EVERY INTERNATIONAL STUDENT-ATHLETES SEEKING ADMISSION TO THE DITC.**

**THE ADMISSION PROCESS IS NOT COMPLETE UNTIL THIS FORM HAS BEEN COMPLETED AND RETURNED TO THE DITC OFFICE OF ADMISSION. VISA DOCUMENTS, I 20 WILL BE ISSUED, WHEN ALL ADMISSION PROCEDURES HAVE BEEN SATISFIED.**

### SECTION I Applicant Information

Family Name: Mr. / Mrs. / Ms.			Given Name:		
Country of Birth:		Citizenship:		Date of Birth:     /     / Month / Day / Year	
Passport Number:			Social Security/or Alien Registration #:		
Mailing Address:					
Street		City		State                      Country                      Zip Code	
Telephone:		Fax:		E-mail:	
Expected Visa Type: <input type="checkbox"/> F-1 Academic <input type="checkbox"/> J Series <input type="checkbox"/> Other (Specify): _____					

### SECTION II Program Cost/Payment

Program Cost based on per month of residency

**A current ESTIMATE of expenses for the one year (April 2004 through May 2005) follows:**

In computing your expenses, you should keep in mind that student-athletes holding Student (F) or Exchange Visitor (J) visas will not be authorized to work except under extraordinary circumstances. Therefore, the applicant should not look to employment, either part-time during the academic year or full-time during the summer, as a significant means of support while at the DITC. Under no circumstances are student-athletes permitted to work full time during the academic year.

Training Package (Training, room & board, transportation, training equipment, etc.)	\$ 2350/month
International Competitions	As budgeted by sponsoring NOC or NGB
School Tuition	Based on Requested Academic Level
Pocket Money	1,400 per month
Textbooks and Supplies	1,000 per month
Accident/Sickness Insurance Premiums	1,500 per year?
Fees	300 per month
<b>TOTAL</b>	<b>\$6550.00</b>



### SECTION III Duration of Program

I am applying for admission to the DITC for the:

- ☐ Spring 2005      ☐ Summer 2005      ☐ Fall 2005      ☐ Spring 2006      ☐ Summer 2006      ☐ 2006 Fall 2006  
☐ Spring 2007      ☐ Summer 2007      ☐ Fall 2007      ☐ Spring 2008      ☐ Summer 2008

Check the appropriate box(es):

- ☐ I expect to be training at the DITC for one year or less.      ☐ My training at the DITC will require \_\_\_\_\_ years.  
☐ My academic program in Atlanta will require \_\_\_\_\_ years.      ☐ I will remain in Atlanta during summer periods.

### SECTION IV Source of Support in U.S. Dollars (Documentation Required)

**All applicants must show proof of finances. Please obtain a bank statement or an official letter from the bank or financial institution in which you, and/or your SPONSOR, have available funds.** The letter should be written on official letterhead, in English, and signed by a bank official. The letter should state the date the account was opened, the currency type and specifically state an amount that is currently in the account. Bank statements or bank letters dated more than six months from the date of submission to the DITC are considered expired.

**Organizations (Government, Private, National Olympic Committees, National Governing Body's)** sponsoring you must provide a letter of sponsorship on official letterhead with the organization's address, telephone and fax number, and the original signature and title of the responsible official. This letter should also include your full name, the specific U.S. dollar amount, and duration of their sponsorship.

**Individual, Sponsor or Organizations Certification.** This is to certify that I have read the information given by the applicant on this form, that it is true and accurate and that the funds are available.

INDIVIDUAL/SPONSOR/ ORGANIZATION: \_\_\_\_\_ Date: \_\_\_\_\_  
(Responsible Party Signature)

INDIVIDUAL/SPONSOR/ ORGANIZATION: \_\_\_\_\_  
(Print Name)

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
(Country Code) (City Code) (Number) (Country Code) (City Code) (Number)

E-mail Address: \_\_\_\_\_

This certifies that the total amount of money that I have available for my first year of residency for athletic training and possibly academic program at the DITC in USD \$ \_\_\_\_\_, and the total amount available for each subsequent year of study is USD \$ \_\_\_\_\_. I understand that I must provide documentation for the total amount below for my program. All documents are currently attached to this form. Further, I certify that the above information provided is correct and complete and that I will not require financial assistance from the DITC or the Academic Institutions the AS will be enrolling.

Athlete: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

NOC or NGB: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature) (President, DG or SG Required)



## FINANCIAL ESTIMATIONS

	Personal and/or Family Savings	Parent and/or Sponsors	Government	University Award	NOC	NGB	Corp. Sponsor	Other	TOTALS Each total should equal cost est.
YEAR 1									
YEAR 2									
YEAR 3									
YEAR 4									
TOTALS									

## Notes for Each Category:

**1. Personal and/or Family Saving**

Name of Bank \_\_\_\_\_

Print Name of Bank \_\_\_\_\_

A bank official's signature and a current bank statement, which must be attached with this form, are required if the student is supported in part or in whole by personal funds.

**2. Parent and or Sponsors**

Print Name of each person: \_\_\_\_\_

Signature of Parent/Sponsor is required below. Supply bank certification as above, and attach current bank statement to this form

**3. Government**

Print Name of Agency \_\_\_\_\_

Enclose with this form a signed copy of your letter of award, and copy of letter of credit.

**4. University Award**

Print Type and Amount of Award \_\_\_\_\_

**5. National Olympic Committee (NOC)**

Please enclose a signed affidavit form authorized person to certify accuracy.

**6. National Governing Body (NGB)**

Please enclose a signed affidavit form authorized person to certify accuracy.

**7. Corporate Sponsor**

Please enclose a signed affidavit from authorized person to certify accuracy.

**8. Other**

Enter the total amount of money you expect to have when you arrive at the DITC: (Training and Tuition fees based on the estimate provided by the DITC Admission Office).

**9. Total USD \$** \_\_\_\_\_ Enter the total amount of money you expect to have when you arrive at the DITC (Training and Tuition fees based on the estimate provided by the DITC Admission Office).