

## 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 — documents must be written in English and must have currency in US dollars:
  - \$6,000 for three months
  - \$12,000 for six months
  - \$24,000 for one 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. At least one personal or professional dance photograph that best demonstrates your technical ability and strongest style.
5. Short essay (one full type-written page, no more or less) 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 \$200 (non-refundable) application fee (payable by money order, credit card, wire transfer, or travelers check in US dollars).
9. Please mail checks and forms to:  
Broadway Dance Center  
Attn: International Program  
322 West 45th Street, 3rd Floor  
New York, NY 10036 USA

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

- Payment may be wired directly to Broadway Dance Center bank account. Please contact us for specific wiring information at [ISVP@bwydance.com](mailto:ISVP@bwydance.com) or call 212-582-9304 ext. 81.
- We also accept credit cards (Master Card 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](http://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.

## 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.

## 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:	
IN CASE OF EMERGENCY CONTACT					
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 (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)

<input checked="" type="checkbox"/>	<b>Course Length</b>	<b>Vacation</b>	<b>Tuition</b>
<input type="checkbox"/>	Three-month course	Continuous (no vacation)	\$2,450
<input type="checkbox"/>	Six-month course	1 week	\$4,400
<input type="checkbox"/>	Year-long course	2 weeks	\$8,350

### INDICATE THE MONTH THAT YOU WOULD LIKE TO START

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

<input checked="" type="checkbox"/>	<b>Start Date</b>	<b>Earliest Submission Date</b>	<b>Application Deadline</b>
<input type="checkbox"/>	4 June 2012	4 December 2011	20 April 2012
<input type="checkbox"/>	6 August 2012	6 February 2012	22 June 2012
<input type="checkbox"/>	1 October 2012	1 April 2012	17 August 2012



PLEASE INCLUDE AT LEAST ONE DANCE PHOTO, A DANCE RÉSUMÉ, AND A SHORT ESSAY DESCRIBING YOUR GOALS AS A DANCER AND HOW BROADWAY DANCE CENTER CAN HELP YOU ACHIEVE THOSE GOALS.

BROADWAY DANCE CENTER REQUIRES A COMPLETED ISVP HEALTH FORM SIGNED AND STAMPED BY YOUR PHYSICIAN.

PAYMENT INFORMATION - \$200 APPLICATION FEE (non-refundable)

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

Credit Card Type	Credit Card Number	
Name on Card	Expiration Month:	Year:

## 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.

O 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