

APPLICATION CHECKLIST

- Completed Application Form (CAPE Form 1)
- Photo
- Signed Statement of Responsibility and Release (CAPE Form 4)
- Payment of total cost as indicated in Brochure (Tuition, Registration Fee, Accommodations, Textbook) May be sent to CAPE by wire transfer, credit card, or international money order
- Bank statement of availability of sufficient funds (Minimum \$1800)
- Signed Financial Statement (CAPE Form 2)
- Statement of Financial Responsibility (if applicable) (CAPE Form 3)

CANCELLATION AND REFUND POLICY

Cancellation prior to beginning of classes: Participants who wish to withdraw from a CAPE program must submit a written and signed notification of withdrawal. If a student informs CAPE of cancellation prior to the beginning of the class start date, tuition fees will be fully refunded within thirty (30) days of the first scheduled day of class or the date of cancellation, whichever is sooner. The \$100 registration fee is non-refundable.

Cancellation after the beginning of classes: For a 4-week program, 100% of the course tuition will be refunded if a student requests the cancellation within the first 2 working days of the program. The refund will be made within thirty (30) days from the documented drop date. No refund will be given thereafter, and the \$100 registration fee is non-refundable. Students who arrive late in Hawaii to begin attending class will be charged full tuition for the entire term for which he/she was enrolled

Cancellation due to rejection: If an applicant is rejected for enrollment by CAPE or if a student's application for a visa is rejected by the U.S. Immigration and Naturalization Service, a full refund of all monies paid will be made to the applicant.

Class cancellation: If a class is cancelled by CAPE after a student has been accepted for enrollment, CAPE will refund all monies paid by the student.

CAPE Form 1

APPLICATION FORM

Name _____ M / F
Family First Middle

Home Country Address _____

Street Number and Street Name _____ Apt. Number _____

City or Town _____ State or Province _____ Country _____ Zip Code _____

(_____) _____
Area Code Telephone Number

E-mail _____

Hawaii Address (if known) _____

Street Number and Street Name _____ Apt. Number _____

City or Town _____ State _____ Zip Code _____

(_____) _____
Area Code Telephone Number

Country of Birth _____ Date of Birth ____/____/____

Citizenship _____

Major Field of Study _____

School _____
Now Attending (or highest education)

STUDY PLANS: Which CAPE program do you plan to enroll in?
 4-week program 8-week program

HOTEL/DORMITORY RESERVATION

Hotel Check-In Date _____

Hotel Check-Out Date _____

White Sands Hotel or Dormitory:
 Please note brochure for accommodations.

I/We will make individual arrangements other than the hotel, at:

Contact Name / Telephone No.: _____

Recommended by: _____

Please mail completed form to:

The Center for Asia-Pacific Exchange
 P.O. Box 23397 • Honolulu, HI 96823-3397 • U.S.A.
 For more information, please contact us at:
 Tel: (808) 942-8553 • Fax: (808) 941-9575 • E-mail: cape@cape.edu

CAPE Form 2

FINANCIAL STATEMENT

I will be financially supported by (check one):

My own personal funds

My family in my home country
 Name of supporting relative: _____
 Relationship: _____
 Address of supporting relative: _____

Family or sponsor in the U.S.
 Name of relative or sponsor: _____
 Relationship: _____
 Address of supporting relative: _____

(Signature of Student)

(Date)

CAPE Form 3

STATEMENT OF FINANCIAL RESPONSIBILITY

(to be completed by parent or other person who is financially supporting the student)

I agree to financially support _____

(Name of Student)

during his/her enrollment in the CAPE English Language Program. I agree to pay for all tuition, registration fees, books, rent, food and other living expenses while this student is in the United States. I understand that the minimum level of support is \$1,800 for the 4-week program and \$3,600 for the 8-week program.

(Signature of Parent/Guardian or Sponsor)

(Date)

CAPE Form 4

STATEMENT OF RESPONSIBILITY AND RELEASE

(to be completed by student applicants)

I understand that persons coming to the United States on a student visa are required to study full-time. I understand that I am responsible for paying tuition, registration fees, books, rent, food and other living expenses while I am in the United States and that these expenses will be covered according to the information I have provided on the FINANCIAL STATEMENT form. I have read and understand CAPE's cancellation and refund policy and agree to abide by this. All information contained in my application materials is true and accurate to the best of my knowledge. I understand that providing incomplete, incorrect, or false information may result in the rescission or denial of my acceptance.

I have read, understand, and have made a copy of this form for my records. Further, I understand that this form constitutes a legal and binding contract between CAPE and I, once completed and signed by both parties.

MEDICAL CARE:
 I hereby give permission for any appropriate medical facility to examine me or treat me in case of illness and/or injury, and to make necessary referrals as indicated. I authorize release of medical information for treatment and insurance purposes.

(Signature of Student)

(Date)

("PRINT" name of student)

(Signature of authorized CAPE representative)

(Date)

PAYMENT INFORMATION

- **Credit Card -- by PHONE only**
 You may CALL us your credit card information (below) at **+1-808-942-8553**.
 Please be ready to provide the following information: (1)Type of Card: (Master/Visa/JCB); (2) Cardholder Name; (3) Card Number; (4) Card Expiration Date; and (5) Total Amount to be billed to your card (\$2,442.00).
 Preferred time to call:
 8:00 am – 12:00 noon & 2:00 pm – 4:00 pm (Hawaii Time).
- **Wire Transfer**
 We will provide you with the following information only when you ask us for wire transfer information (E-mail: cape@cape.edu).
 --Bank Name/Bank Address/Account Number/Routing Number/Recipient:
- **International Money Order/Cashier's Check or Postal Money Order**
 Payable to: The Center for Asia-Pacific Exchange
 Mail to: The Center for Asia-Pacific Exchange
 P.O. Box 23397, Honolulu, Hawaii 96823-3397