

AMITY INSTITUTE – Pre-APPLICATION

5030 Camino de la Siesta, Suite 206 • San Diego, California 92108 • USA
Tel: (619) 222-7000 • Fax: (619) 222-7016 • Web: www.amity.org

Please complete the Pre-Application and return to mail@amity.org.

Amity will make a decision on your program eligibility based on the information provided.

Last Name(s): _____ (family or surname as stated in your passport)													
First Name(s): _____ (given)	Middle Name(s): _____												
Date of Birth: ____/____/____ Month Day Year	Place of Birth: _____ City / Country												
Gender: Male Female	Marital Status: _____												
Country of Citizenship: _____ Country of Legal Residence: _____													
Language: Please list your Native Language(s): _____													
Home Address: Street and Number: _____ City: _____ State: _____ Country: _____ Postal Code: _____													
Telephone, Email, and Fax (include country and city codes): Home Phone: _____ Cellular Phone: _____ Email: _____													
English Skills Self Assessment: <table><thead><tr><th><u>Speaking</u></th><th><u>Reading</u></th><th><u>Writing</u></th></tr></thead><tbody><tr><td>Fair</td><td>Fair</td><td>Fair</td></tr><tr><td>Good</td><td>Good</td><td>Good</td></tr><tr><td>Excellent</td><td>Excellent</td><td>Excellent</td></tr></tbody></table>		<u>Speaking</u>	<u>Reading</u>	<u>Writing</u>	Fair	Fair	Fair	Good	Good	Good	Excellent	Excellent	Excellent
<u>Speaking</u>	<u>Reading</u>	<u>Writing</u>											
Fair	Fair	Fair											
Good	Good	Good											
Excellent	Excellent	Excellent											
Did you take an English proficiency test? Yes No													
If yes, what test was taken? _____													
What was the score? _____													

Academic Background and Career Goals:

To be eligible for the program, applicants must be currently enrolled in higher education or have graduated within 12 months of program start date. Proof of enrollment or copy of diploma to be submitted later.

Please check the box that best describes your current position and list your career goal:

I am currently enrolled:

Name of Institution: _____ City/Country: _____

Subject(s)/Field of Study: _____ Expected Graduation Date: _____
Month / Year

I have graduated:

Date of Diploma: _____ Name of Institution: _____
Month / Year

City/Country: _____ Degree in: _____

My career goal is: _____

Assignment Information: Please mark the age groups for which you will accept an assignment.

Elementary
(ages: 5-12)

Middle/Junior High School
(ages: 12-14)

High School
(ages: 14-18)

Availability: Please mark the periods of availability for which you will accept an assignment.

Full School Year (mid-August, 2013 to mid-June, 2014)

First Semester (mid-August, 2013 to late January, 2014)

Second Semester (mid-January, 2014 to mid-June, 2014)

Other _____

Reason for applying: Please explain briefly why you want to participate in the program.