



APPLICATION FORM

Program: Student Innovation, Entrepreneurship & Leadership Program (SIELP)
Term : Session 1 (7/14 -8/2/2019) Session 2 (7/20-8/8/2019)
Application Due: June 1, 2019

1 PERSONAL INFORMATION

Please type or clearly print your name exactly as it appears on your passport. Submit **a copy of your passport information page.**

Last Name (family name): _____

First Name (given name): _____

Gender: Male Female

Date of Birth: _____/_____/_____
Month Day Year

Country of Birth: _____

Country of Citizenship: _____

Native Language: _____

Name of College/University: _____

Year: 1st 2nd 3rd 4th Graduate

Major: _____

Phone Number: _____

Cell Phone: _____

Email: _____

Social media that you use most often (WeChat, WhatsApp, Line, etc):

ID: _____

Mailing Address:

Name: _____

Street Address: _____

City: _____ State/Province: _____

Zip Code: _____ Country: _____

Phone: _____

Home Address (leave blank if same as mailing address):

Street Address: _____

City: _____ State/Province: _____

Zip Code: _____ Country: _____

Permanent Telephone: _____

3 FINANCIAL INFORMATION

For visa interview purposes, we recommend that you prepare a copy of a bank-certified financial statement on official bank letterhead to prove that you have sufficient funds to cover tuition and living expenses during the program study period. All funds must be stated in U.S. dollars, and the statement must be dated less than six months before the date the applications is received.

Source of Financial Support (minimum \$6,000):

Parent/family member Friend Self Other

Contact Information of Financial Sponsor:

Name: _____

Street Address: _____

City: _____ State/Province: _____

Zip code: _____ Country: _____

Phone: _____

Declaration of Financial Sponsorship:

I certify that I will assume full financial responsibility (including educational and living expenses) for the applicant while he/ she is enrolled in the Student Innovation &

Please note: Date and prices are subject to change with prior notice.



Entrepreneurship Program at California State
Polytechnic University, Pomona.

Signature: _____ Date: _____

Relationship to Student: _____

(example: mother/uncle/friend/etc.)

4 PAYMENT PROCEDURE

Your program fee payment of \$3,890 is due by
July 1, 2019. You can choose any payment
type below:

- Online transfer (Flywire):
<https://www.flywire.com/pay/ceu>
- Cashier's check or money order payable to Cal
Poly Pomona Foundation, Inc.
- Wire Transfer (a \$30 transaction fee will apply)

5 SIGNATURE

I certify that the information on this entire form is
correct to the best of my knowledge. I agree to pay
the required program fee.

Student's Signature: _____

Date: _____

6 SUBMISSION INFORMATION

Please submit the completed **Application Form**
and a **copy of your passport information page**
by email to:

Vivienne Shen, Ed.D.

Senior Program Manager

Global Education Institute

College of the Extended University

California State Polytechnic University, Pomona

Phone: +1 (909) 869-2256

Fax: +1 (909) 869-5077

Email: xshen@cpp.edu

3801 W Temple Ave., Bldg. 220A-203

Pomona, CA 91768

USA

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