

International Student Visa Program Application Process

Instructions for Studio Maestro d.b.a. Manhattan Movement & Arts Center International Student Visa Program

1. Students must also fill out the attached application form.
2. Along with the application form you must have a current personal bank statement (or bank statement and letter from financial supporter) showing funds sufficient to cover living expenses and tuition while studying at Studio Maestro/MMAC. Documents **must be written in English** and have currency in U.S. dollars.

U.S. Government requires a current personal bank statement to show sufficient funds to cover tuition and living expenses while studying at Studio Maestro/MMAC, or a letter of financial support and a copy of the supporter's bank statement:

- \$6,500 for three months
- \$13,000 for six months
- \$26,000 for 1 year

****This is NOT the tuition — you do not have to PAY this amount, you must only SHOW it in a bank statement.****

3. A dance résumé describing your previous training and experience.
4. A professional or personal dance photo that best demonstrates your technical ability and strongest style.
5. A short essay stating your goals as a dancer and how Studio Maestro/MMAC can help you achieve those goals.
6. A copy of your valid passport.
7. Completed ISVP Health Form signed and stamped by your physician.
8. Please include a \$250 (non-refundable) application fee (payable by money order, credit card or travelers check in US dollars).
9. Please mail checks and forms to:
Studio Maestro/MMAC
Attn: International Program

248 West 60th Street
New York, NY 10023 U.S.A.

10. Incomplete applications will not be accepted. Studio Maestro/MMAC will notify you upon acceptance. Once you have been accepted into the program, half tuition must be paid before Studio Maestro/MMAC will issue I-20 Certificate of Eligibility.

METHODS OF PAYMENT

- Payment may be wired directly to Studio Maestro. The student is responsible for all bank fees incurred.
Email ISVP@studio-maestro.com for more information
- Credit cards (Visa and Master card)
- Traveler's checks and money orders made out in US dollars

INSURANCE

- Travel Insurance is **MANDATORY**.
- Upon starting the program, you must provide proof of your own traveler's medical insurance.
- Studio Maestro/MMAC is not responsible for injuries or illness, so it is imperative all ISVP students carry medical insurance before they begin and during their course of study with Studio Maestro/MMAC.

REFUNDS

- A student whose application is refused by immigration will receive a refund for all tuition paid except for the 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 studio Maestro/MMAC in writing. No refunds will be given for early withdrawal or transfer.



APPLICATION FORM

Studio Maestro/Manhattan Movement & Arts Center - International Student Visa Program

1. LAST NAME: _____ FIRST NAME: _____ NICK NAME: _____

2. Male _____ Female _____ 3. DATE OF BIRTH: / / 4. MARRIED or SINGLE
Month Day Year

5. COUNTRY OF BIRTH AND CITIZENSHIP: _____

6. NATIVE LANGUAGE: _____ OTHER LANGUAGES SPOKEN: _____

7. PRESENT ADDRESS: _____
Street

_____ City _____ State _____ Country _____ Postal Code

8. TELEPHONE: _____ EMAIL: _____

FAX: _____

9. ADDRESS IN HOME COUNTRY (Leave Blank if Same as Above): _____
Street

_____ City _____ State _____ Country _____ Postal Code

10. TELEPHONE: _____

11. IN CASE OF EMERGENCY CONTACT: _____
Full Name

12. ADDRESS: _____
Street _____ City

_____ City _____ State _____ Country _____ Postal Code

13. TELEPHONE: _____ EMAIL: _____

14. HOW DID YOU HEAR ABOUT STUDIO MAESTRO/MMAC:

Internet/Website Mail Brochure Magazine
 Friend (Friend's Name): _____ Other (please specify): _____

15. WHICH COURSE ARE YOU APPLYING FOR:

Course	Tuition
3 months	\$2,500
6 months	\$4,200
12 months	\$8,400



Compulsory Health Form

ISVP FORM - Required for application. Must be signed and stamped by doctor. This form is confidential.

Today's Date _____ Course Start Date _____ Length of Course _____

Student's Name _____ Date of Birth _____

Male Female

Parent's Name _____

Parent's Address _____

In Case of Emergency Notify _____

Relationship to Student _____

Medical History

Please list any medical conditions you have: may include asthma, allergies, diabetes, heart conditions, high or low blood pressure, etc. . . .

List all medications that you take. Please include birth control pills, vitamins and minerals. We recommend that you bring what you may need or a written prescription from your physician.

Prescription _____

Non-prescription _____

List any allergies or reactions you have had to medications.

Medication	Reaction	Date
_____	_____	_____
_____	_____	_____

Do you smoke? Yes No

List any allergies or reactions you have to foods, molds, pollens, bees, insects, animals, etc. . . .

List any physical or dance related problems you may have including injuries, bone, joint, or muscular disorders, etc . . .

Have you ever been hospitalized? Yes (If yes, please specify below including dates) No

Physical illness _____

Injury _____

Surgery _____

Psychiatric _____

Have you been diagnosed with mental health issues, severe stress, mood change, personality disorder Studio Maestro/MMAC should be aware of?

Have you been vaccinated for the following: Chicken Pox Measles Mumps

Please list your doctors information below which may include any health care providers in addition to your primary care physician, including chiropractors, physical therapists, etc. . . .

Primary Physician _____ Telephone _____

Other Health Care Providers _____ Telephone _____

Student Declaration

I _____, confirm that the information provided on this form is correct and true.

Student's signature _____ Date _____

Doctor's Statement

I _____, confirm that _____ is physically and mentally fit to participate in 18 hours of dance per week while dancing at Studio Maestro/MMAC. I confirm that the above information listed on this health form is true and correct.

Doctor's Signature (required)

Date

Doctor's Official Stamp

Doctor's Address

Telephone Number

E-mail