HOLLYWOOD EDUCATION INSTITUTE

APPLICATION FORM



3470 Wilshire Blvd., Suite 350, Los Angeles, CA 90010 TEL: 213.386.3800 FAX: 213.402.5533

Email: info@hollywoodinstitute.net Website: www.hollywoodinstitute.net

Personal Information					
Name: (Last)		(First)			
(Nick Name)		Date of Right AMADDAYYYY			
Gender:	☐ Male / ☐ Female	Country of Citizenship:			
City of Birt	h:	Country of Birth:			
Address					
Street Addr	ess:	(Apt or St	nite #)		
(City)		(State)			
(Zip Code)					
(Phone)		(E-mail)			
Emergeno	cy Contact				
Name :		(Relationship)			
(Address)					
(Phone)		(E-mail)			
Program	of Study				
Program:	☐ Standard ESL program☐ Semi Intensive ESL program☐ Intensive ESL program				
Number of Quarters :		Starting From :	Until :		
Financial	Sponsor				
All applications must be accompanied by a separate financial support document or if students have a sponsor, he/she must also sign below.					
"I certify that sufficient funds are available to cover the school and living expenses for my					
□ Self / □ Son / □ Daughter / □ Other ():					
		(Student's	name including family and given name)		

and his/her dependent(s) during his/her term of study at Hollywood Education Institute. I accept full financial responsibility for the expenses.''

Name of sponsor:					
Phone Number :	ne Number : E-mail :				
Signature of sponsor :			Date :		
How did you know abo	out Hollywood Education I	nstitute?			
Please check in the box and	fill out some details.				
☐ Online	☐ Newspaper	☐ Friend or Someone	☐ Agent or Agency		
Describe in detail:					
Any Questions?					
Detail:					
Agreement					
· ·	that I have sufficient funds to	information I have provided on pay tuition and living expense	n this application form is accurate and s for the period of my study at		
(Student Name)	(Sign	ature)	(Date)		