

# DISNEY INTERNATIONAL INTERNSHIP PROGRAM APPLICATION



A College of the State University of New York

### OFFICE USE ONLY

Received Date \_\_\_\_\_  
 ID Number \_\_\_\_\_  
 Complete (CO) Date \_\_\_\_\_  
 Accept Date/ Initials \_\_\_\_\_  
 Status Date/ Initials \_\_\_\_\_

#### Time period requested:

Beginning \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 (Month / Day / Year)

Ending \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 (Month / Day / Year)

Last/Family Name \_\_\_\_\_ First name \_\_\_\_\_ Middle name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Home Phone \* \_\_\_\_\_ Cell Phone \* \_\_\_\_\_

**\*Note:** Please include country and city dialing codes where applicable

E-mail \_\_\_\_\_

#### Please provide your preferred mailing address for Disney International Internship Program correspondence

Last/Family Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Home Phone \* \_\_\_\_\_ Cell Phone \* \_\_\_\_\_

**\*Note:** Please include country and city dialing codes where applicable

Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Month / Day / Year) Gender  Male  Female Place of Birth \_\_\_\_\_ / \_\_\_\_\_ (City / Country)

Citizenship Status  U.S.  Dual U.S./Canadian  Permanent Resident  Refugee/Asylee

If not a U.S. citizen: Country of citizenship \_\_\_\_\_ Country of permanent legal residence \_\_\_\_\_

Have you ever been in J-1 Status?  Yes  No If yes, when? Dates: \_\_\_\_\_

#### Please describe your race/ethnic origin (For research, scholarships, special programs, and reporting to the U.S. Department of Education. Not used for admission decisions.)

- American Indian or Alaska Native  Asian  Black or African-American  Hispanic of any race  Native Hawaiian or Other Pacific Islander  
 Two or more races  White, Non-Hispanic

Is English your primary or native language?  Yes  No If No, have you taken The TOEFL® Test?

**\*\*Note:** All applicants must demonstrate minimum English language proficiency. If English is not your primary or native language, The TOEFL® Test and The TOEFL® Official Score Report are required. Minimum acceptable scores by test type: Paper 500; Internet 61; Computer (non-Internet) 173.

Yes, Score: \_\_\_\_\_, Test Type  Paper  Internet  Computer

No, see [www.toefl.org](http://www.toefl.org) (Institution code for Onondaga Community College is #2627)

If you are a student, are you  Undergraduate?  Graduate?

Degree Level in U.S.\*  Associate  Bachelor  Master  Ph.D.  Non-Matriculated

**\*Note:** Please verify equivalent degree level with your school or university.

**Attach required documents:**

- Attach copy of current passport information page(s) to include expiration date.
- Attach copy of proof of personal funding (bank statement or bank letter) and cash sponsor form (if applicable). See attached funding sheet for current program expenses.

**TO BE COMPLETED BY THE STUDENT'S CURRENT (FOREIGN) INSTITUTION:**

Name of Student Applicant \_\_\_\_\_

Name of School \_\_\_\_\_

School Department \_\_\_\_\_

School Address \_\_\_\_\_

Authorized Faculty Member \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Attach required documents:**

- Attach letter from authorized faculty member describing the student's current academic program, and confirming the student's participation in the Disney program.
- Attach letter describing student funding provided by your institution for this program (if applicable). Please see attached funding sheet for current expenses

**The visa/acceptance packet should be mailed to the following foreign institution contact person.**

Name \_\_\_\_\_

Address (written exactly as it should appear on the mailing label) \_\_\_\_\_

**Important: When all parts of this application are complete, forward the following to the Office of Multicultural and International Services.**

- Completed application
- All required documentation required for this application

**I certify that the information I have provided on this application is complete and accurate. I understand this application cannot be processed if it has not been completed according to its instructions, and that any deliberate falsification or omission of data could result in denial of admission or dismissal from the College.** (Sign below)

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note:** The Disney International Internship Program costs include Student Health Insurance coverage.



Complete all requested information, sign application and mail to:

**Onondaga Community College**  
**Attn: Disney International Internship Program**  
**Office of Multicultural & International Services**  
**The Whitney Applied Technology Center, Room W106**  
**4585 West Seneca Turnpike**  
**Syracuse, New York 13215-4585 (USA)**

Applicants must request official academic records to be sent to the address above.

Questions?  
Tel: (001) 315-498-2565, or  
E-mail: Disneyip@sunyocc.edu

Onondaga Community College is a unit of the State University of New York. It is the policy of the University and of this College not to discriminate on the basis of sex, race, color, religion, national origin, disability, age, marital status or sexual orientation in admissions, employment, or treatment of students and employees in any educational program or activity.

The information on this admission application will be used by Onondaga Community College to evaluate your request for admission. Failure to provide the requested information could prevent your application from being processed. The authority to request this information is found in section 355(2)(i) of the Educational Law.



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Syracuse, NY 13215-4585

**SWORN STATEMENT OF FINANCIAL SPONSORSHIP**

I, \_\_\_\_\_ promise that for the duration of the Disney International Program of study,  
Sponsor

\_\_\_\_\_ will receive money from me in the amount of \$\_\_\_\_\_  
Student

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Relationship \_\_\_\_\_  
Parent, spouse, relative, friend

**I understand that this is a legal document. By signing and notarizing this paper, I am liable for providing this student with financial sponsorship for every year of his/her study. I will not require any type of service to be performed in exchange for this benefit.**

**I am attaching the following document to prove my financial responsibility:**

Bank Statement (original not a copy, less that three months old)

**I swear that the information I have provided above is true and correct**

\_\_\_\_\_  
Signature of Sponsor

**Sworn and subscribed before me this day:** \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary



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## DISNEY INTERNATIONAL INTERNSHIP PROGRAM

Country of Citizenship \_\_\_\_\_

Country of Permanent Residency \_\_\_\_\_

### PROGRAM COSTS:

Tuition:	\$2,000
Health Insurance:	\$500
SEVIS:	\$180
Other Fees:	\$200
TOTAL:	\$2,880

### FUNDING:

Support/Funding from current institution: \$ \_\_\_\_\_

Support from Onondaga Community College: \$ \_\_\_\_\_

Personal Funding: \$ \_\_\_\_\_