

**HEALS MEMBERSHIP APPLICATION FORM (Basic Information)**
**Degree program**

 Undergraduate  Masters  Doctorate  Other? Specify: 
**Desired country of study**

|                                  |                                 |                                 |                                 |                                 |                                  |
|----------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|----------------------------------|
| USA <input type="checkbox"/>     | Canada <input type="checkbox"/> | UK <input type="checkbox"/>     | China <input type="checkbox"/>  | Cyprus <input type="checkbox"/> | Germany <input type="checkbox"/> |
| Ireland <input type="checkbox"/> | Poland <input type="checkbox"/> | Turkey <input type="checkbox"/> | Russia <input type="checkbox"/> | Ghana <input type="checkbox"/>  | Kenya <input type="checkbox"/>   |

 Others? Specify 
**Proposed specialty/major/field of study**

**Choice of University** First choice  
 (if available)




**Anticipated Area/Course of Study**

|  |                                      |   |   |
|--|--------------------------------------|---|---|
| Medical science <input type="checkbox"/> | Engineering <input type="checkbox"/> | Computer science <input type="checkbox"/> | Social science <input type="checkbox"/> |
| Education <input type="checkbox"/>       | Law <input type="checkbox"/>         | Other? Specify <input type="text"/>       |   |

**Anticipated period of resumption**

 Fall  Spring  Summer 
**Preferred medium of instruction in your desired University**

 English  Chinese  Russian  German  Other? Specify 
**Personal Data**

|                       |                                  |
|-----------------------|----------------------------------|
| Applicant's Full Name | Last name <input type="text"/>   |
|                       | First name <input type="text"/>  |
|                       | Middle name <input type="text"/> |

**Date of Birth (as in your Intl Passport)**
      
**Gender**

 Female  Male 
**Marital Status**

 Single  Married 
**International Passport Number**

 Issue Date  Expiration Date 
**Do you already have a student VISA?**

 Yes  No 
**Home Address**

**Valid Phone Number(s)**

**Email Address**

## EDUCATIONAL BACKGROUND

High School Attended

Address

Year of Attendance

Certificate Obtained

Examination Body

Colleges/University Attended (if applicable)

Address

Website

Email Address

Official Phone Number(s)

Year of Attendance From  To

Degree received

## FINANCIALS

What is your anticipated budget?

|  |   |  |
|--|---|--|
| \$20,000-\$30,000 <input type="checkbox"/> | \$31,000-\$40,000 <input type="checkbox"/>  | \$41,000-\$60,000 <input type="checkbox"/> |
| \$61,000-\$75,000 <input type="checkbox"/> | \$76,000-\$100,000 <input type="checkbox"/> | Above \$100,000 <input type="checkbox"/>   |

Available Family-income verification document

|   |   |
|---|---|
| BSA (Bank Statement of Account) <input type="checkbox"/>                                      | Landed Property (C of O, R of O, etc.) <input type="checkbox"/> |
| Sponsorship (Sponsorship Letter on a Letter Headed Paper of Sponsor) <input type="checkbox"/> | Others (Personal funds if any) <input type="checkbox"/>         |

Financial Needs (Low Economic Background)

|   |  |
|---|--|
| Cannot afford college unless fully sponsored <input type="checkbox"/> | Can afford if 75% sponsored <input type="checkbox"/> |
| Can afford if 50% sponsored <input type="checkbox"/>                  | Can afford if 25% sponsored <input type="checkbox"/> |
| Can afford if 10% sponsored <input type="checkbox"/>                  | Can afford if 0% sponsored <input type="checkbox"/>  |

Financial Needs (Good Income Background)

|  |
|--|
| Can self-sponsor but needs some financial assistance <input type="checkbox"/>      |
| Can self-sponsor my education anywhere without assistance <input type="checkbox"/> |

## REQUIREMENTS

| Undergraduate  | Graduate   |
|--|--|
| ACT/SAT Scores<br>TOEFL Scores<br>SOP<br>College Essay<br>Academic Transcripts<br>Credential Evaluation<br>School Written Recommendation(s)<br>Award Obtained<br>Leadership Role played<br>Other Talents | GMAT/GRE Scores<br>TOEFL Scores<br>Academic Transcripts<br>SOP and Graduate Essays<br>Recommendations<br>Work Experience<br>Innovation/Invention<br>Leadership Roles<br>Other Talents<br>Credential Evaluation |

### PAYMENT INFORMATION

Bank Name: **GTB**

Account Name: **Global Integrated Education Volunteers Association**

Account Number: **Naira - 0129146640. Dollars-0024597529**

Amount: HEALS Membership enrolment fee is **\$100** per applicant.

(This excludes all costs for Test registration, Application fees, Visa fees and any other charges incurred in the process. Country specific charges for processing may apply in some countries)

### TERMS AND CONDITIONS

- i. Member administration fees are paid ONLY when assessed and accepted as a member. Non-Member Administration fees re paid ONLY as per service indicated.
- ii. While we do our best to guide and prepare you for an effective VISA interview experience, GIEVA DOES NOT/ISSUE STUDENT VISA. Members must supply accurate and verifiable information.
- iii. When services are initiated, performed and informed. All basic and administrative fees ONCE PAID are non-refundable. Additional required expenses arising from the admission process are the responsibility of the members/nonmembers.

*I have read the conditions and understood my roles as outlined above and I agree with the terms and conditions.*

Name

Signature

Date