

ARIP Application Checklist

ARIP Admissions decision won't be made until all required ARIP application forms are received. Please make sure your application includes all items as follows:

❖ **When you apply**

- 2019 Application Form
 - Current High School or College Transcript (English Version)
 - Certification of Recommendation
 - Personal Statement (250-500 words)
 - Application Fee: \$60 (non-refundable)
 - ARIP Scholarship Application (if applicable)
 - 2019 ARIP Payment Schedule(s) and Authorization

❖ **After you are admitted**

- Participant Agreement Form
- Consent for Medical/Surgical Care/Emergency Treatment Form
- Over-the Counter/Non-Prescription Medications Form
- A copy of Passport (Student)
- A copy of Travel Insurance Information (Insurance company name, Policy No)

Please submit ARIP application forms or contact us at contact@agminstitute.org for any questions regarding ARIP applying procedures.

AGM Institute, LLC
7700 Little River Turnpike, Suite 407
Annandale, VA 22003
E-mail: contact@agminstitute.org

Phone) 1-866-717-0014 (US & Canada ONLY)
1-571-765-7839 (International use ONLY)
(070)4498-1562 (Korea ONLY)

2019 Application

Advanced Research Internship Program (ARIP)

APPLICANT (STUDENT) INFORMATION

Student Information			
1. Full Name <small>(as it appears on passport)</small>	Last Name/Surname	First Name	Middle Name
2. Date of Birth <small>(MM/DD/YYYY)</small>		3. Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
4. Nationality		5. Current Grade (2018-2019):	
6. Permanent Address			
Address _____			
City _____ State/Province _____ Zip _____ Country _____			
7. Contact Numbers: (Mobile) _____ (E-mail) _____			

SCHOOL/ACADEMIC INFORMATION

Current School Name:
8. School Address:
9. School Phone Number:
10. Current GPA (Grade Point Average): <input type="checkbox"/> Un-weighted Avg. / <input type="checkbox"/> Weighted Avg.)
11. Location Preference (Please select the preferred location(s))
<input type="checkbox"/> Univ. of Southern California (USC) <input type="checkbox"/> The George Washington University (GWU) <input type="checkbox"/> Boston University (BU) <input type="checkbox"/> University of Chicago (U of C)

PARENTS INFORMATION

Father			
Full Name	Last/Surname:	First:	Middle:
Address			
Phone Numbers	Cell:	Email:	
Mother			
Full Name	Last/Surname:	First:	Middle:
Address			
Phone Numbers	Cell:	Email:	

EMERGENCY CONTACT INFORMATION

Name:		Relationship:
Contact Number	Cell: Work:	Email)
Name:		Relationship:
Contact Number	Cell: Work:	Email)

I hereby certify that all of the information I have provided on this application and submitted is true and correct to the best of my knowledge. I understand that any form of intended misrepresentation will result in being removed from consideration for this research internship.

Parent Signature x) _____ Date _____

Student Signature x) _____ Date _____

If you desire to apply by mail, please return completed Application to:

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<i>For office use Only:</i>			
Date Received		D.D.P	
Application		D.F.P	
Other		Admission result	

Certificate of Recommendation

Dear ARIP Program Administrator:

I am pleased to recommend (Applicant's Name: _____) for 2019 Advanced Research Internship Program (ARIP) in United States. I strongly believe that the above student has a good academic quality and a strong determination participating in this program. Here is my sincere wish that the person would be able to accomplish and benefit from the program.

I also believe that the above person will be an excellent candidate for this opportunity, and I am sure that this person's abilities and talents will contribute to this global research internship program during the assigned session.

Please feel free to contact me if you have any questions regarding this person, and this recommendation is signed at
(City) _____, (State or Country) _____ dated _____ (mm/dd/yyyy).

Sincerely,

Recommender	
Signature	
Full Name	
Title/Position	
School Name	
School Address	
Direct Phone	
E-mail	

ARIP Scholarship Application

This application is confidential and will be reviewed only by appropriate ARIP Staffs.

ARIP Scholarship Application Checklist

You must provide the following information in order to be considered for Scholarship from ARIP:

- * Completed and signed 2019 ARIP Program Application.
- * Completed and signed 2019 ARIP Scholarship Application.
- **For U.S. citizen/ Permanent residence:**
=> Please attach copies of the parent's signed most recent Federal Income Tax Return (including "W-2" and/or "1099")
- **For Foreign Country Residence :** Copies of the most recent "Income Tax Document(s)"

INCOMPETE APPLICATIONS WILL NOT BE PROCESSED.

Household Information				
1. Student's Full Name	Last/Surname	First	Middle	
2. Date of Birth	<i>(MM/DD/YYYY)</i>	4. Gender	<input type="checkbox"/> Male	Female
3. Nationality		5. Grade (2018-2019)		
6. Permanent Address				
Address _____				
City _____		State/Province _____		Zip _____ Country _____
Primary Contact	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian (check only one)			
Name	_____			
Email Address	_____			
Employer Name	() check here if NONE			
Occupation		Daytime phone () _____ - _____		
Secondary Contact	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian (check only one)			
Name	_____			
Email Address	_____			
Employer Name	() check here if NONE			
Occupation		Daytime phone () _____ - _____		
Is the student a U.S. citizen or Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If not a U.S. citizen, please indicate your U.S. Visa status. _____ (i.e.: F1 / F2, B1 /B2. Ect.)				

Family Information
Parent's Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Mother Remarried <input type="checkbox"/> Father Remarried
Student Currently lives with (Check all that apply) () Father () Mother () Stepparent () Other _____
** Number of Family Member(s): _____

** Father's Income during 2017 / 2018 (circle)	\$	** Mother's Income during 2017 / 2018 (circle)	\$
Currently value of cash, checking, and saving account(s)		\$	
Current value of stocks and investment(s)(non-retirement)		\$	

❖ Please review the financial Aid Checklist on the front of this form to ensure you are submitting a complete application.

I certify that all information provided is accurate according to the best of my knowledge.

(Signature) _____ Date _____
Parent or Legal Guardian

(Print Full Name)

❖ Note: 2019 ARIP scholarship is limited and the only complete application with all required documents is to be considered for ARIP Scholarship reviews.

2019 ARIP Payment Authorization for US Residents

(Student Full Name: _____)

		Payment Schedule(s) (Please select payment option)			Payment Schedule(s) (Please select payment option)
()	November (2018)	7 / 6 / 5 / 4 / 3 / 2 / 1	()	March (2019)	3 / 2 / 1
()	December (2018)	6 / 5 / 4 / 3 / 2 / 1	()	April (2019)	2 / 1
()	January (2019)	5 / 4 / 3 / 2 / 1	()	May (2019)	1
()	February (2019)	4 / 3 / 2 / 1	July (2019) only if available **		

Please select the payment plan as follows:

- 7 Payment Plan: 1st Month (\$1,072 + \$60 Application Fee*) and \$1,072/Mo x 6 Months
- 6 Payment Plan: 1st Month (\$1,227 + \$60 Application Fee*) and \$1,227/Mo x 5 Months
- 5 Payment Plan: 1st Month (\$1,444 + \$60 Application Fee*) and \$1,444/Mo x 4 Months
- 4 Payment Plan: 1st Month (\$1,769 + \$60 Application Fee*) and \$1,769/Mo x 3 Months
- 3 Payment Plan: 1st Month (\$2,310 + \$60 Application Fee*) and \$2,310/Mo x 2 Months
- 2 Payment Plan: 1st Month (\$3,394 + \$60 Application Fee*) and \$3,394/Mo x 1 Month
- 1 Payment Plan: (\$6,500 1st Month+\$60 Application Fee*)

July (2019) **

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<< Payment Terms and Conditions >>

1. Initial Payment paid is **Non-Refundable after Seven (7) Calendar Days** from the contract date which is the date the application is submitted. The payment refund request should be submitted by the written format ONLY within Seven (7) Calendar Days from the contract date, and **10% Restocking fee of the total contracted amount is applied for the refund. \$60 Application Fee is Non-Refundable. The Refund processing may take up to Thirty (30) calendar days from the refund request date.**
2. Certain restrictions of the payment methods may apply according to the applicant's payment plan and personal credits. AGM Institute LLC has all rights to restrict the applicant's payment plan selection according to the conditions of the payments to be made. The partial payment option is applied by 26.5% APR financial charge and the payor agrees for the financial charge(s) by selecting the payment option.
3. ARIP registration in July (2019) period may not be available and the registration may be closed according to each ARIP locations and its local conditions. The applicant agrees to pay for the late registration fee for July (2019) registration if any, and no partial payment plan is available for July (2019) registration. The applicant must receive the preapproval from ARIP authority prior to applying for July (2019) application ONLY if available.
4. The payor agrees that any litigation shall be governed and construed in accordance with the substantive laws of the State of Maryland, without giving effect to its principles of conflict of laws and exclusive venue and jurisdiction for all claims arising hereunder shall be the applicable federal and state courts sitting in the State of Maryland. Both parties agree that any litigation should be processed through Circuit court for Montgomery County in Maryland and United States District Court in Greenbelt, Maryland.

Payment Dates: (MM/DD/YYYY)

Credit Card Payment Authorization

Payment Methods (Select):

Credit Card Check

- [1st Payment] _____ / _____ / _____ (By check, #: _____)
- [2nd Payment] _____ / _____ / _____ (By check, #: _____)
- [3rd Payment] _____ / _____ / _____ (By check, #: _____)
- [4th Payment] _____ / _____ / _____ (By check, #: _____)
- [5th Payment] _____ / _____ / _____ (By check, #: _____)
- [6th Payment] _____ / _____ / _____ (By check, #: _____)
- [7th Payment] _____ / _____ / _____ (By check, #: _____)

VISA Master Discover (Please Select one)

I authorize the above payments to be charged as agreed and on the scheduled date(s) to the following credit card.

Credit Card Name: _____

Credit Card No.: _____

Exp. Date: _____ / _____ (CVV2: _____)

Billing Address: _____

Country: _____ (Zip code) _____

(Signature) _____

(Date) _____ / _____ / _____ (mm/dd/yyyy)