

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**

- 2020 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)

❖ **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) 1-571-765-7839 (International use ONLY)
1-866-717-0014 (US &Canada ONLY)
Fax) 1-571-765-7845

2020 Application for Advanced Research Internship Program (ARIP)

STUDENT INFORMATION

Student Information :				
1. Name (as it appears on passport)	Last/Surname	MI	First	
2. Date of Birth	(MM/DD/YYYY)	4. Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
3. Nationality		5. Grade (2019-2020)		
6. Permanent Address Address _____ City _____ State/Province _____ Zip _____ Country _____				
7. Contact Numbers	Daytime: Cell:	Email:		

SCHOOL/ACADEMIC INFORMATION

Current School Name		
8. School Address		
9. School Phone		
10. Name of Recommender 1 Name	Position	Email
11. Name of Recommender 2 Name	Position	Email
12. Current GPA(Grade Point Average)		
13. 2020 ARIP location	USC & Natural History Museum/Marine Biodiversity Center	

PARENTS INFORMATION

Parent 1		
Name	Last/Surname	First
Address		
Contact Numbers	Cell Daytime	Email:
Parent 2		
Name	Last/Surname	First
Address		
Contact Numbers	Cell Daytime	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 acknowledge. I understand that any form of intended misrepresentation will result in being removed from consideration for this research internship.

Parent Signature _____ Date _____

Student Signature _____ Date _____

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

AGM Institute, LLC
7700 Little River Turnpike, Suite 407
Annandale, VA 22003
E-mail: contact@agminstitute.org
Phone) 1-571-765-7839 (International use ONLY)
Phone) 1-877-212-0011 (US &Canada ONLY)
Fax) 1-571-765-7845

<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 2020 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 when you have any questions regarding this person, and this recommendation is signed at (city name) _____, (State or Country) _____ dated _____ (mm/dd/yyyy).

Sincerely,

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

2020 ARIP Application Fee Payment Authorization

Mail this form with your application only if you are paying your application fee by credit card.

STUDENT INFORMATION

Student's Name _____
Last First Middle

PAYMENT INFORMATION

I authorize AGM Group to charge a nonrefundable application fee of \$60 to the following credit/debit card account at the time of this application and I declare that the information on this payment authorization is true and correct. I also authorize that this payment authorization will be used for any service related payment for Advanced Research Internship Program (ARIP) processing.

Credit Card Type (VISA / MASTER / DISCOVER / AMEX)

Cardholder's Name (As shown on card): _____

Credit Card Account Number: _____

Exp. (MM/YY): _____ CVV#: _____

Billing Address: _____

Phone Number: _____

Cardholder's Signature: _____ **Date** __ / __ / ____
(mm/dd/yyyy)

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 financial aid from ARIP:

- * **Completed and signed 2020 ARIP Program Application.**
- * **Completed and signed 2020 ARIP Scholarship Application.**

- **For U.S. citizen/ Permanent residence:**
=> Please attach Copies of 1) Signed most recent Income Tax Return and 2) "W-2" and/or "1099")
- **For Korean residence :** Copies of most recent "소득증명서" or "근로소득원천징수 명세서" (영문/한글)
- **For Other Country residence :** Copies of most recent "Income Tax Documents" translated in English

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

Household Information				
1. Student's Full Name	Last/Surname	First	Middle	
2. Date of Birth	(MM/DD/YYYY)	4. Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
3. Nationality		5. Grade (2019-2020)		
6. Permanent Address				
Address _____				
City _____ State/Province _____ Zip _____ Country _____				
Primary Contact	___ Mother ___ Father ___ Guardian (check only one)			
Name				
Email Address				
Employer Name	() check here if NONE			
Occupation		Daytime phone () _____ - _____		
Secondary Contact	___ Mother ___ Father ___ 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? ___ Yes ___ 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: ___ Single ___ Married ___ Separated ___ Divorced ___ Widowed			
___ Mother Remarried ___ Father Remarried			
Student Currently lives with (Check that apply) ___ Father ___ Mother ___ Stepparent ___ Other _____			
**from All W-2 or paystub Year-to Date earnings business income, social Security Income. Other non-taxable income, etc.			
** Father's Income during 2018	\$	** Mother's Income during 2018	\$
** Father's Income during 2019	\$	** Mother's Income during 2019	\$

Currently value of cash, checking, and saving account	\$
Current value of stocks and investment(non-retirement)	\$
(Special Circumstances if any - Optional)	

- ❖ 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** _____
 Name (Parent or Legal Guardian):

- ❖ Note: this ARIP scholarship is limited. Only completed application and income verification documents must be submitted for the consideration of ARIP Scholarship opportunity.