

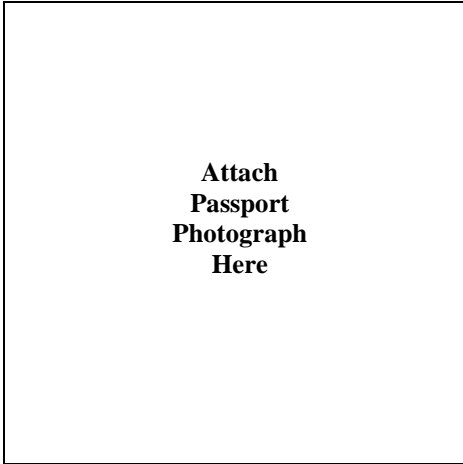


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New York, NY 10004
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Student Work Travel Participant Application

• ALL RESPONSES MUST BE CLEARLY PRINTED
IN ENGLISH

• 25% OF THE APPLICATION FEE IS
REFUNDABLE IF YOU ARE NOT GRANTED
YOUR VISA AT U.S. EMBASSY OR CONSULATE



I am applying for () Student Work Travel Program

Expected dates of Student Work Travel: _____ TO: _____
Day / Month / Year Day / Month / Year

In what country do you intend to apply for your J-1 visa (Student Work Travel)? _____
(Application in your country of citizenship is often required and always preferable.)

BIOGRAPHIC DATA

Mr. / Ms. _____
Circle One Last name First name Middle names

Permanent Home Address *(should be address outside the United States)* in home country of legal residence

Street Apt No

City State Country Postal Code

Current Mailing Address for Receiving Association Documents *(No PO Boxes)* Valid Until _____
Day / Month / Year

Street

City State Country Postal Code

Current Telephone No: _____ Current Fax No: _____

E-mail Address: _____

Marital Status: () Single () Married

Gender: () Female () Male

Date of Birth: _____ Country of Birth: _____
Day / Month / Year *Day / Month / Year*

Country of Legal Residence: _____ Country of Citizenship: _____

Emergency Contact Person:

Name: _____ Relationship: _____

Contact Number: _____ Contact Email: _____

EDUCATION

Are you currently enrolled as a student? () Yes () No

If Yes – please complete below and attached proof of enrollment to application:

Name and Location of Educational Facility	Start and End Dates of Study (Month / Year)	Major Field(s) of Study	Degree or Certificate Name
_____	_____	_____	_____
_____	_____	_____	_____

If No, please complete below and attach proof of graduation and academic transcript:

Name and Location of Educational Facility	Graduation Date (Day / Month / Year)	Degree Obtained
_____	_____	_____
_____	_____	_____

PRIOR WORK EXPERIENCE

(Last 3 years –start with the most recent and list backwards)

Name and Address of Employer	Start and End Dates (Month / Year)	Job Title or Position
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please attach an additional sheet if necessary.

PROSPECTIVE US EMPLOYER DETAILS

Have you already lined up employment in the United States? () Yes () No

If Yes, please complete the following:

Name of Prospective Employer: _____

Address of Prospective Employer: _____

Name and Title of Contact: _____

Contact's Number: _____ Email: _____

*** Please note that you have 10 days after your arrival date in the US to find your own employment. It is a requirement of your visa conditions that the AAA is notified of new employer details within this time period.

Please describe any source of income or financial support you can rely upon to cover your expenses that may exceed the income provided to you by your prospective employer:

US VISA INFORMATION

- 1) Have you previously visited the United States on a J-1 visa? () No () Yes
If yes, provide the name of the sponsor(s), program number(s), purpose of visit and dates of entry and exit (include both month and year), and reason for leaving: _____

- 2) Are you currently in, or have you in the last twelve months visited, the United States? () No () Yes
If yes, please complete:

Type of Visa Held: _____ Purpose of Visit: _____

Date of Entry: _____ Expiration Date of I-94 Card: _____
Day / Month / Year

Date you actually exited the United States: _____ (If you are currently in the United States, you must attach a photocopy of your I-94 card, both front and back. Do not send the original. We will not consider this application until this material is provided.)

- 3) Have you ever applied for an employment-authorized visa to enter the United States? () No () Yes
If Yes, provide the following information: Type of Visa: _____

- 4) Have you ever been refused a visa to enter the United States? () No () Yes

If Yes, provide the following information: Type of Visa: _____ Date of Refusal: _____
Day / Month / Year

Date of most recent entry to United States subsequent to Visa Refusal:

Type of Visa: _____ Date of Entry: _____
Day / Month / Year

- 5) Have you ever been convicted of a crime? () No () Yes
If Yes, please list details:

