

50 Broadway, Suite 2003 New York, NY 10004 (212) 338-6860 Tel (212) 338-6864 Fax J1visa@aaanyc.org www.americanaustralian.org

J-1 INTERNApplication for Exchange Sponsorship

Insert photo here

Expected dates of Inte	ernship:	TO:	
Expected dates of Internship:		Day / Month / Year	Day / Month / Year
BIOGRAPHIC DAT	`A		
Circle One Last nan	ne	First name	Middle names
Street			Apt No
City	State	Country	Postal Code
Current Mailing Addr	ess for Receiving Assoc	ciation Documents (No PO Boxe	es) Valid Until
			Day/Monin/Tear
Street			
City	State	Country	Postal Code
Current Telephone No):	Current Fax No	:
F 1 A 11			
E-mail Address:			Sound C. NM-1
	ingle () Married	Gender: () F	emaie () Maie
Marital Status: () S		, ,	. ,
Marital Status: () S	Day/Month/Year	, ,	h:

Emergency Contact Person			
Name:			
Contact Number:			
Email Address:			
EDUCATION			
List all educational institutions attended starting with th	e most recent and work backwards to age 16 years.		
Name and Location Start and End Dates of Educational Facility Study (Month / Yea	s of Major Field(s) Degree or		
Please attach an additional sheet if necessary.			
Knowledge of English: () Fluent () Above Averag	e () Good () Fair		
PRIOR WORK EXPERIENCE			
	th the most recent and work backwards. t and End Dates Month / Year) Job Title or Position		

Please attach an additional sheet if necessary.

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:			
		(If you are currently in the United l, both front and back. Do not send the original. We will not d.)			
3)	Have you ever applied for an employment-authorized If Yes, provide the following information: Type of V				
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 Type of Visa:	t to Vice Defucel:			
	—————————————————————————————————————	Day / Month / Year			
5)	Have you ever been convicted of a criminal offence? () No () Yes If Yes, please list details:				
CO	THER				
	ase describe any source of income or financial support pend provided to you by the trainer:	you can rely upon to cover your expenses that may exceed the			

How did you learn about the Association?					
What do you expect to learn from the exchange?					
I certify that I have truthfully completed this application.					
rectary that I have trumbered this application.					
Signature	Date:				

Please ensure that you have completed the Exchange Visitor Insurance Verification; and signed the Exchange Visitor's Obligations and Responsibilities.