

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

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

Attach Passport Photograph Here

T			T-0
Expected dates of Stud	lent Work Travel:	Month / Day / Year	TO:
In what country do you		ur J-1 visa (Student Work Trav	vel)?
BIOGRAPHIC DATA	A		
Mr. / Ms		First name	Middle names
Permanent Home Addı	ress (should be address	outside the United States) in l	nome country of legal residence
Street			Apt No
City	State	Country	Postal Code
City		•	Postal Code
City		•	•
City Current Mailing Addre		•	Postal Code
City Current Mailing Addre		•	Postal Code wes) Valid Until Month / Day / Year
City Current Mailing Addre Street City	ess for Receiving Assoc	ciation Documents (No PO Box	Postal Code
Street City Current Telephone No.	ess for Receiving Assoc	ciation Documents (No PO Box	Postal Code wes) Valid Until Month / Day / Year Postal Code

Monu	Date of Birth:		Country of Birth: Month / Day / Year		
Country of Legal Residence:					
Emergency Contact Person:		w. 1			
Name:		Relationship:	Relationship:		
Contact Number:		Contact Email:	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 Study (Month / Yea	• • • • • • • • • • • • • • • • • • • •	Degree or Certificate Name		
If No, please complete below a	and attach proof of gradua	ation and academic transcript:			
Name and Location of Educational Facility	Graduation Date (Month / Day / Yea	• • • • • • • • • • • • • • • • • • • •	udy Degree or Certificate Name		
PRIOR WORK EXPERIENC	CE.				
PRIOR WORK EXPERIENCE (Last 3 years –start with the mo		ards)			
		ards) Start and End Dates (Month / Year)	Job Title or Position		
(Last 3 years –start with the mo		Start and End Dates	Job Title or Position		
(Last 3 years –start with the mo		Start and End Dates	Job Title or Position		
		ards)			

Please attach an additional sheet if necessary.

PROSPECTIVE US EMPLOYER DETAILS

	we you already lined up employment in the United Yes, please complete the following:	d States? () Yes () No
Naı	me of Prospective Employer:	
Ado	dress of Prospective Employer:	
Naı	me and Title of Contact:	
Coı	ntact's Number:	Email:
	Please note that you have 10 days after your arrier visa conditions that the AAA is notified of new	ival date in the US to find your own employment. It is a requirement of employer details within this time period.
	ase describe any source of income or financial su ome provided to you by your prospective employ	apport you can rely upon to cover your expenses that may exceed the ver:
US	VISA INFORMATION	
1)	Have you previously visited the United States of If yes, provide the name of the sponsor(s), programonth and year), and reason for leaving:	n a J-1 visa? () No () Yes ram number(s), purpose of visit and dates of entry and exit (include both
2)	Are you currently in, or have you in the last twe If yes, please complete:	elve months visited, the United States? () No () Yes
	Type of Visa Held:	Purpose of Visit:
	Date of Entry:	Expiration Date of I-94 Card:
	Date you actually exited the United States: States, you must attach a photocopy of your I-94 consider this application until this material is pre-	(If you are currently in the United 4 card, both front and back. Do not send the original. We will not ovided.)
3)		orized visa to enter the United States? () No () Yes
4)	Have you ever been refused a visa to enter the U If Yes, provide the following information: Type	United States? () No () Yes e of Visa: Date of Refusal: Month / Day / Year
	Date of most recent entry to United States subsetype of Visa:	equent to Visa Refusal:

5)	Have you ever been convicted of a crime? (If Yes, please list details:) No () Yes
OT	HER		
Wha	at do you expect to learn from the exchange?		
Hov	v did you learn about the Association:		
I ce	rtify that I meet the program eligibility and ha	ve truthf	fully completed this application.
Sig	nature		Date: