

A) Fill out one for Each Applicant (including children) F-1 and F-2

| 1) Full Name | 2) National ID # (if any) | 3) Date of Travel | 4) Current Occupation | | |
|--|---------------------------|---|--------------------------------|--------|-----------------|
| 5) Name of Current Employer or School | | 6) Employer/School Address (include zip code) | | | |
| 7) Current Job Description | | | 8) Yearly Pay | | |
| 9) Home address in your home country (including zip code) | | | | | |
| 10) Address in US where the applicant will stay (including zip code) | | | | | |
| 11) Name of Person Applicant is staying with: | | 12) That person's home number: | 13) That person's cell number: | | |
| 14) Marital Status (married, single, widowed, divorced) | | 15) Spouse's Name (if any) | 16) Spouse's Birth Date | | |
| 17) Father's Name: | | 18) Father's Date of Birth | | | |
| 19) Mother's Name: | | 20) Mother's Date of Birth | | | |
| 21) List All professional, social, charitable organizations, tribes, and/or clans that you belong(ed), contribute(d), or work(ed) for now or in past . | | | | | |
| 22) Have you ever lost your passport or had it stolen? | | | | | |
| 23) Who is paying for your travel expenses? | | | | | |
| 24) Are any of the following family members in the US? | | | | | |
| Relationship | Yes/No | Immigra. Status | Relationship | Yes/No | Immigra. Status |
| Husband/Wife | | | Fiance/Fiancee | | |
| Father/Mother | | | Son/Daughter | | |
| Brother/Sister | | | Other Relative | | |

B) Additional Information for Males Between the Age of 16 to 45 years old

1) Please list the last three employers (starting with current) and any other employments that are related.

| Name | Address | Tel. No. | Job Title | Supervisor | Dates of Emplo. |
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2) List ALL (except elementary) current and past Educational Institutions (starting w/ current).

| Name | Address | Course of Study | Dates of Attend. |
|------|---------|-----------------|------------------|
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3) List all current and prior military services (if none state none).

| Country | Branch | Rank/Position | Specialty (Specialties) | Dates of Service |
|---------|--------|---------------|-------------------------|------------------|
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4) List all Countries that ever issued a passport to the Applicant.

5) List all Countries ever visited including dates of visits.

6) Has the Applicant ever lost a passport or had one stolen?

7) Does Applicant have skills or training, including firearms, explosives, nuclear, biological, or chemical experience?

8) Has the Applicant participated in armed conflict either as a participant or victim? If so please provide details.

9) Please provide travel arrangements, including arrival/departure dates, flight information, locations of visit.

10) Provide the name and phone number of the contact person in the US Organization (if any):

C) Additional Information for the Student (F-1 Only)

1) List Full Names, Addresses of all Children, Parents, and Siblings

| Full Name | Address | Relationship | Phone Number |
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2) Please list current and the last three employers (starting with current)

| a) Name | Address | Tel. No. | Job Title | Start Date | End Date |
|---------|---------|----------|-----------|------------|----------|
| | | | | | |
| Duties | | | | | |
| | | | | | |
| b) Name | Address | Tel. No. | Job Title | Start Date | End Date |
| | | | | | |
| Duties | | | | | |
| | | | | | |
| c) Name | Address | Tel. No. | Job Title | Start Date | End Date |
| | | | | | |
| Duties | | | | | |
| | | | | | |
| c) Name | Address | Tel. No. | Job Title | Start Date | End Date |
| | | | | | |
| Duties | | | | | |
| | | | | | |

3) List at least two references in your country of residence who are not family members

| Name | Address | Phone |
|------|---------|-------|
| | | |
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