



EXCHANGE VISITOR PROGRAM APPLICATION CHECKLIST

Name of Trainee Applicant:

Name of Training Host Company:

Trainee Information completed (3 sections)

Trainee resume with Employment & Education History included

Copies of Trainee Educational Transcripts & English Translations included

Copies of Trainee Diplomas or Certificates and English Translations included

Copies of Trainee Passport, all pages, included

Host Company Information completed

Trainee English Language Proficiency and Dependent Information completed

Trainee Financial Support and Budget completed, 2 copies

Training Plan with Trainee & Supervisors Initials on each Phase completed, 3 copies

Host Company Declaration signed, 2 copies

Exchange Visitor Declaration signed, 2 copies

Insurance Declaration completed and signed, 2 copies

Insurance Confirmation if insurance is not provided by AILF identified plan

Participant insurance # months x \$40/month \$

Dependent insurance # months x \$45/month x # dependents \$

Individual program sponsorship fee: \$1,350

SEVIS Fee \$ 180

Fee for dependents \$ 300

Expedite service (3 day) \$ 550

AILA member benefit \$

Total payment to AILF \$ _____

TRAINEE/INTERN INFORMATION

Section 1

Family Name
as appears on passport

First Name
as appears on passport

Middle Name(s)
as appears on passport

Suffix

Date of Birth: Month Day 19 Gender: Male Female

City of Birth Country of Birth

Country of Citizenship Country of Legal Permanent Residence

Current Occupation If student, major field of study

Intern Applicants: I am currently an enrolled student: Yes No
I am not currently enrolled, but graduated on: Day Month Year

Trainee Applicants; I have a degree or certificate in the field of the proposed training, plus at least 12 months of related non-U.S. work experience: Yes No
I do not have a degree or certificate in the field of proposed training, but I do have at least five (5) years of related non-U.S. work experience: Yes No

Home Country Mailing Address (Must be able to receive courier packages)

Street Address

Apartment #

City Province/State Postal Code

Country

Telephone Number at Mailing Address (Please give a number where delivery of visa documents can be coordinated by Federal Express.)

Country Code City Code Telephone Number
() () ()

Telephone Number where Applicant can be reached by AILF if different from above Country Code City Code Telephone Number
() () ()

e-mail Address

Projected J-1 Program Start Date

Projected J-1 program End Date

Section 2

- Attach resume containing the following:

Employment History, listing your current employer first, showing:

Name of Company, Address of Company, Your Position in Company, Dates of Employment, Name of Your Supervisor

List your duties and/or responsibilities

Education History, listing your highest level of education first, showing:

Name of Educational Institution, Address of Educational Institution, Dates of Attendance, Name of Degree or Certificate, Year Awarded

- Attach copies of educational transcripts and English translations
- Attach diplomas or certificates and English translations
- Attach employment verification and reference letters
- Attach a complete copy of the current passport, including all blank pages.

List all visits to the United States during the last five years, including dates and visa type used to enter the country:

Date Entered U.S.

Date Departed U.S.

U.S. Visa type

Have you, the applicant, been arrested, charged, or convicted of a crime? If yes, please explain:

Have you, the applicant, previously been denied a visa to the U.S.? If yes, please explain:

Location of U.S. Consulate where Trainee/Intern will apply for J-1 visa:

Section 3

To be completed by the trainee/intern applicant:

Please explain what specific skills and knowledge you hope to acquire from participating in the training program. Note: the program cannot be used to learn English.

Please explain how the skills and knowledge described above will be used in your career in your home country.

Please explain how the proposed training is different than any you have had in the past or could receive in your home country.

If you have participated on a training program in the United States under another visa category, please explain how the proposed training is substantially different.

Please explain how you learned about the AILF Exchange Visitor Program, and what specifically attracts you to it.

Emergency contact in home country:

Name	Relationship		
Address	Speaks English?	Yes	No
Telephone	If no, what language		

e-mail

TRAINEE/INTERN ENGLISH LANGUAGE PROFICIENCY

Indicate your English language proficiency:

Native Speaker

Fluent

Conversational

Beginner

Number of years you have studied English:

Where did you study English? Check all that apply:

Primary school

Secondary School

University

Private Tutor

Private English Language School

How often do you speak English? Check all that best apply:

Daily

At least once a week

At least once a month

Rarely

Only in English class

DEPENDENT INFORMATION

For each dependent enter the following from their passport:

	Spouse	1 st Child	2 nd Child	3 rd Child
Family Name				
First Name				
Middle Name(s)				
Date of Birth				
Gender	Male Female	Male Female	Male Female	Male Female
City of Birth				
Country of Birth				
Country of Citizenship				
Country of Legal Permanent Residence				