

TRAINING AND INTERNSHIP PROGRAM APPLICATION		PLEASE TYPE OR PRINT CLEARLY
I am Applying for: <input type="checkbox"/> Training Program <input type="checkbox"/> Internship Program		
APPLICANT INFORMATION		
Name as it appears on Passport		
Family Name:		
First Name:		
Middle Name:		
Email Address (<i>E-mail will be our primary means of communicating with you, so contact WISE immediately if your email address changes</i>)		
Please check one: <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth: (mm/dd/yyyy)		
City of Birth:		Country of Birth:
Country of Citizenship:		
Country of Legal Permanent Residence (see below):		
<i>Permanent legal residency indicates a country that you have permission to live in, <u>normally</u> without a visa. For most people this will be the same country that issued your passport</i>		
Please check one: <input type="checkbox"/> Married <input type="checkbox"/> Single	Do you have children?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you plan to apply for J-2 visa for your spouse or children?: <input type="checkbox"/> Yes <input type="checkbox"/> No
Please note: WISE will not consider requests for J-2 visas after the supporting paperwork for the J-1 visa has been issued		
EDUCATION AND EXPERIENCE		
<i>What is your current occupation? Check all that apply</i>		
<input type="checkbox"/> Currently an Undergraduate student		<input type="checkbox"/> Currently Master's program student
<input type="checkbox"/> Have completed my B.A. degree		<input type="checkbox"/> Have completed my M.A. degree
Date of graduation (mm/dd/yyyy): / /		Date of graduation (mm/dd/yyyy): / /
<input type="checkbox"/> Currently employed		
<input type="checkbox"/> Other (please explain):		
Have you participated in a J-1 Program in the United States before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, What category was your previous J-1 Visa ? <input type="checkbox"/> Training <input type="checkbox"/> Work & Travel <input type="checkbox"/> Internship <input type="checkbox"/> High School <input type="checkbox"/> Other (please specify) _____	
What was the length of your previous J-1 Program ?		When did your previous program end ? (mm/dd/yyyy)
What organization sponsored your visa? (If YES, Please attach a copy of your DS-7002 for any previous J-1 Internship / Training programs)		
EMERGENCY CONTACT		
<i>The emergency contact is a family member who we can contact in case there is an emergency while you are in the U.S. (required)</i>		
Name:		
Relationship to you:		
Phone number:		Email:

HOST SITE INFORMATION

Name of Host Site:	
Host Site Contact Person:	
Title of Contact Person:	Phone number:
Contact's Email Address:	
Type of Program (Rooms, F&B, Sales, PR, etc):	
Start Date (anticipated):	Host Site Website:
Program Duration:	1-12 Months (Interns & Hospitality Trainees) 1-18 Months (Trainees – non-Hospitality)
Did you work with a recruiter, placement agency or school to secure this J-1 program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, what was the name of the recruiter, placement agency or school?	

PERMANENT ADDRESS

Address:		
City:	State:	Postal Code:
Country:	Phone:	
Until what date will you be available at this address? (mm/dd/yyyy):		

CURRENT ADDRESS

Address:		
City:	State:	Postal Code:
Country:	Phone:	
Until what date will you be available at this address? (mm/dd/yyyy):		

FAMILY IN THE UNITED STATES

Do you have any family members currently living in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If YES, please list all family members living in the U.S.</i>	
Name:	
Address:	
Relation to you:	Phone number:
Name:	
Address:	
Relation to you:	Phone number:
<i>Attach additional pages if needed to accommodate all U.S. based family members</i>	

ESSAY QUESTIONS

Please thoroughly answer the below essay questions (PLEASE WRITE CLEARLY OR TYPE YOUR ANSWERS)

- Keep in mind that your J-1 program is not a job, but a training & cultural exchange opportunity
- Due to the fact that you must possess sufficient English levels to participate in the program – increasing your English skills should not be considered one of your goals of the program
- Incomplete or insufficient answers will delay consideration of your application.
- Answers should be no longer than 250 words (attach additional pages if necessary)

1. What about this specific program at your host site made you choose it? What does it offer that you are most interested in?

2. How has your education and experience prepared you most for this training experience? What skills and knowledge do you expect to use the most?

3. What specific skills or experiences will you seek out during your training program? What knowledge/skills do you hope to develop?

4. How will you use the skills learned during your J-1 training experience to contribute to your future accomplishments in your home country? How do you anticipate your training program to impact your career during the five years immediately following completion of your program? What are your professional plans for the future?

5. What are you hoping to learn about the American culture while in the U.S.? Where in the U.S. would you like to visit while participating in your J-1 program?

6. Please provide the name of the company that will serve as your visa sponsor throughout this program

TRAINING AND INTERNSHIP PROGRAM AGREEMENT

Before finalizing your application for the J-1 program, it is required that you read this section so you understand your areas of responsibility during your program. If you have any questions, please ask WISE before you sign this agreement. Voluntary ignorance will not release you of your responsibilities.

I, _____, undersigned, understand and agree:

PROGRAM OUTLINE

1. That the purpose of the cultural exchange J-1 program is to achieve the goals of international exchange by involving me directly in the daily life in the U.S. and on the job training within my career field as well as travel within the U.S.
2. The normal processing time for any application is 4 to 6 weeks. This process may take longer if I or my host site do not return required information in a timely manner.
3. That each application is reviewed as it is received and only after all application pieces have been turned in. I understand I must allow sufficient time for my WISE application to be processed, time to complete my embassy appointment as well as finalizing my travel arrangements.
4. That WISE will issue DS-2019 form for participants fulfilling the training or internship program eligibility requirements but cannot guarantee that I will receive a J-1 visa approval from the U.S. Consulate in my country. WISE or their representatives have no influence over the decisions made by the U.S. consular officials.
5. That I understand that internship & training program start dates have a tendency to change. I understand that purchasing my plane ticket to the U.S. prior to visa confirmation from the embassy may result in additional fees to me, if my travel arrangements must be changed.
6. That the J-1 visa only allows me to train during the dates specified on my DS-2019 form – not earlier or later. If no earlier expiration is indicated on my I-94 card, the U.S. Department of Homeland Security only allows me to remain in the U.S. up to 30 days after the expiration of my DS-2019 form. I cannot train or work during those 30 days, but can travel within the U.S., experience the American culture and make preparations for my departure.
7. That I will return to my country upon completion of my program, no later than 30 days of the ending date on my DS-2019 form. I understand that if I leave my program early, I will be required to return to my home country immediately following my last day of training at my host site.
8. I understand that I am not allowed to change programs or sites without the written agreement of WISE and that a change of host sites will be considered only under situations of great duress. If I do change host sites without the written approval from WISE, WISE will immediately withdraw my visa sponsorship. I understand that if I remain in the U.S. after visa sponsorship is withdrawn, that it may affect my future possibilities of coming back to the U.S. on any visa type.

PROGRAM PREPARATION

9. That it is a program requirement to read all provided cultural material, participant manuals and participate in all activities provided by overseas partners or U.S. based agents, the host site and WISE to enhance my knowledge of American culture and the programs rules & regulations. Failure to do so may result in the decision by WISE to withdraw visa sponsorship.
10. That I will participate in all orientation procedures provided by overseas partners or U.S. based agents, WISE, and my host site for my benefit and to comply with government and program regulations.
11. To review the WISE Participant Manual in detail prior to my departure to the U.S. and ask any questions to WISE that I may have. This manual includes important information, details & regulations including laws and emergency procedures that affect my program so I understand the importance of this step and agree to do it.
12. That I am fully responsible for carefully reading and understanding all program information provided to me by WISE and/or my host site. This information includes my program offer letter, Training Plan (form DS-7002), WISE's refund policy and ALL program conditions outlined on WISE's website (www.wisefoundation.com) and in my participant manual.
13. That I will ask for clarification of any part of this program that I do not understand prior to my departure to the U.S.
14. That I am responsible for my own expenses related to all travel to and from my program site throughout my entire program including commuting as well as international travel. That I am responsible for all personal expenses incurred from the start of my program until my return home.

PROGRAM INFORMATION

15. That insurance coverage provided by WISE finishes at the conclusion of the authorized period stated on my DS-2019 form and that it is my responsibility to arrange through WISE for an insurance extension for any additional period of time I remain in U.S. territory during my 30 day grace period.
16. That for my protection, I am required to reveal in my medical statement prepared by a physician (if applicable) any health disorders (diabetes, epilepsy, asthma, depression, etc.) and medication presently being taken and that I will carry my medical insurance card with me at all times.
17. That I will receive a regular salary or hourly wage in the amount specified in the host site offer letter & on my DS-7002 training plan.
18. That it is my responsibility for arranging my housing in the U.S. In some cases, interim housing may be provided by the host site and may be temporary in nature. These temporary accommodations are designed to assist the participant's transition into a more permanent housing environment. In some cases, more permanent housing may be provided directly by the host site. I understand that I am free to make other living arrangements should I so choose after giving adequate notice to the host site. I understand that when housing arrangements are made outside those coordinated by my host site, that I am responsible for all costs associated with securing these housing arrangements. Examples include: deposits, daily transportation & furnishings.
19. To be responsible for daily transportation between my home and the host site. Many host sites can recommend housing arrangements that provide access to the site by foot, bicycle, public transportation or even special arrangements or provisions of the host site. Not all options are available at every host site. The logistical requirements of some programs may necessitate the use and purchase of a car.
20. To abide by the rules, guidelines and regulations stated herein and in the participant manual provided by WISE once application is approved. These include but are not limited to maintaining program eligibility, program departure, use of drugs and alcohol and adherence to the program schedule. I further agree to abide by site rules and policies of the organization and housing site.
21. That I understand that my training program will normally consist of 32 – 40 hours per week. As some industries are seasonal in nature, it is likely that my hours may fluctuate on occasion. In some situations, some overtime may be required.
22. That engaging in employment, training or internship activities outside the assigned host site is cause for immediate dismissal from the program and I will need to return home at my own expense.
23. To obey all applicable local, state and federal laws. WISE reserves the right to withdraw a participant's sponsorship should their conduct or actions be deemed harmful to themselves, the host site, WISE or the public at large, such as DUI. WISE also reserves the right to withdraw my visa sponsorship if my behavior can be viewed as detrimental to the J-1 program as a whole. I agree that I will not engage in any activity that would bring the Intern/Trainee program or the U.S. Department of State into notoriety or disrepute.

ONGOING COMMUNICATION

24. That if during the course of my program I encounter any issues or difficulties with my training position or with safety, health or housing, WISE, my visa sponsor, should be contacted immediately.
25. That if my actual internship/training position deviates significantly from the terms set forth in my DS-7002 form, or if the internship/training environment, for whatever reason, proves unsupportive, I understand that I should contact WISE immediately.
26. That I am required to comply with all U.S. Government visa and immigration requirements such as:
 - Within 14 days of my arrival into the U.S. I must notify WISE of my arrival and provide them with my full physical address.
 - Notifying WISE of any changes to my U.S. address, phone number or email address within 10 days of the change.
27. That I understand that the consequences of not reporting my full physical address to WISE within 14 days of my arrival in the U.S. may include, without limitation, WISE ending my program or the U.S. Department of State detaining and/or deporting me for immigration violations.
28. That I understand that monthly communication with the WISE Foundation is an important part of my J-1 program. Therefore, I agree to respond to all email based WISE Monthly Communications.
29. That I acknowledge that it is the responsibility of my host site to complete U.S. Department of State mandated evaluations at the mid-point & end of my program. Therefore, I will assist WISE in securing these completed evaluations from my internship supervisor if contacted by WISE regarding their delinquency.

In signing this agreement, I acknowledge that I have read, understood and agree to all the 29 terms and conditions with my own free will.

Participant Signature:

Date (mm/dd/yyyy):

Participant Name (print):

LIABILITY AGREEMENT

Please read the following statement carefully and sign below:

The undersigned, as participant in a J-1 program organized and directed by the Foundation for Worldwide International Student Exchange, hereafter referred to as WISE, on behalf of ourselves, your sponsor, and our successors or legal representatives renounce any claim against WISE, its employees, directors or officers, agents, coordinators and host site where the participant may be assigned, or any person interviewing in the program, that may arise due to injury, damage, sickness, accident, delay, unusual government restrictions, or regulations, or those derived from acts of omission of airlines, shipping companies, railroads, busses, transportation in general, hotels, restaurants or any other service given by companies, individuals or anyone related with the aforementioned.

I understand that as a participant I will be subject to the authority of WISE and must follow the rules provided by the program and host site. I also understand that WISE reserves the right to withdraw sponsorship in the program of any participant whose conduct during the program period may be considered detrimental or incompatible with the interest and security of the program. If this decision is ever taken, the participant will have no right to any refunds.

I accept the right of WISE to directly or indirectly cancel, change or substitute in emergencies or whatever normal circumstances change, those elements of the program whose alteration is deemed necessary by WISE. I understand that should there be a geographic move of the participant for any reason whatsoever, the cost of transportation shall be borne by the participant.

I grant WISE permission to use in the future any photographic or any other type of material in which the participant may appear for promotion or publicity of the organization's program.

I grant WISE at its discretion, and if necessary, at the cost of the participant or his/her parents in the case of expenses exceeding the coverage of the insurance policy covering the participant the power to place him/her in a hospital or in any other institution for any type of assistance or medical treatment or, if there is no hospital available to place him/her under the care of the medical doctor of WISE's choosing for his/her treatment.

I grant WISE authority to act as my representative while in the United States including but not limited to, all necessary functions to act as legal guardians in loco parentis to any situation, especially in emergencies whether medical or otherwise, including the possibility of permission for surgical operations or other medical or mental treatment. WISE shall be the only agency to authorize any medical or mental treatment of participant.

I authorize WISE to return me to my home country of origin at my cost, if necessary, to submit to medical treatment, if this is deemed necessary by the above-mentioned person, after consultation with medical authorities. I confirm that at the time of signing this document that I enjoy satisfactory physical and mental health, that my health record enclosed herewith is true and complete (if applicable), and that I may engage in any physical or sport activity unless so noted in the Medical Statement or Medical Insurer's policy.

I grant WISE permission to act on my behalf in anything pertaining to possible representation before the local authorities. This authorization shall be valid the entire duration of the WISE program in which I am participating.

Participant Signature:	Date:
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Participant Name (print):

OPTIONAL MEDICAL COVERAGE IF OPERATING A PASSENGER CAR

Please read the following statement carefully, either accept or decline coverage and sign below: Your signature below is **REQUIRED** whether you are accepting or declining coverage.

I understand that the insurance company arranged for me by WISE or its representatives offers an optional medical insurance coverage that will provide benefits for any injuries caused by an accident which happens while I am **operating** a private passenger automobile. I understand that this **extended coverage is optional** and I must enroll while supporting paperwork for the J-1 visa is being issued. If I accept coverage, I understand that there will be an additional \$5.00 per month added to my WISE insurance premium (if applicable). If I accept coverage, I understand that coverage will be rescinded and all claims denied, if I am not legally licensed or insured to operate a private passenger automobile in the U.S. state where I am assigned. All standard policy terms and conditions apply. I understand that this insurance does not include coverage for the operation of motorcycles, scooters, golf carts, planes, helicopters, jet skis, boats or other recreational vehicles.

<input type="checkbox"/> I accept the optional automobile operator insurance	<input type="checkbox"/> I decline the optional automobile operator insurance
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Participant Signature (required):	Date:
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Participant Name (print):

AUTHORIZATION FOR THE USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

Please Read the following statement carefully and sign below:

I hereby authorize the use or disclosure of my individually identifiable health informatin as described below. I understand that the information I authorize a person or entity to receive may be re-disclosed and no longer protected by federal privacy regulations.

Patient Name:

Date of Birth:

1. The person or organization that is authorized to make disclosure of the information is as follows:
All health care providers and hospitals, host company or benefit plan administrator, the insurance company which is arranged for me by WISE or its representatives.
2. The person or organization that is authorized to receive the informantion is as follows:
The Foundation for Worldwide International Student Exchange, the insurance company which is arranged for me by WISE, or its representatives with financial and employment-related information.
3. A description of the information that may be used/disclosed is as follows:
(i) Any and all information (in any form or medium) that may be requested regarding his/her physical condition and treatment rendered therefore (the "Information"); and (ii) to allow such individuals or any physician appointed by them to examine any x-raypictures taken of him or records regarding his physical condition or treatment. This authorization and the Information as such term is defined herein specifically includes all medical records and correspondence as to any treatment, diagnosis, and all medical records of a physical, psychological or psychiatric nature.
4. The purpose(s) for which the information will be used/disclosed are as follows:
To authorize any physician, psychiatrist, psychologist, other mental health professional or other healthcare professional, or nurse who has attended or treated the undersigned or any hospital or other health care facility at which he has been examined, treated or confined to furnish requested information to determine eligibility for benefit payments under the insurance policy which is arranged for me by WISE.
5. This authorization does not permit the use and disclosure of healthcare information for marketing purposes
6. The protected health information provided under this authorization may include diagnosis and treatment information, including information pertaining to chronic diseases, behavioral health conditions, alchol or substance abuse, communicable diseases, including HIV/AIDS, and/or genetic marker information. Information disclosed under this authorization may be re-disclosed by the recipient and no longer protected by federal privacy regulations.
7. I understand that this authorization is voluntary and that I may refuse to sign this authorization Unless allowed my law, my refusal will not affect my ability to obtain treatment; receive payments; or eligibility for benefits.
8. I understand that I may revoke this authorization at any time by notifying in writing the person or organization providing or disclosing the information. However, the revocation will not be valid if the disclosing or receiving organization has taken action in reliance on this authorization.
9. This authorization expires 2 years after the date set forth below.

**A facsimile of this Authorization or a copy of this Authorization shall be valid and binding with the same force as an original signature, and the Covered Entity shall be entitled to rely on the same.

Signature of the Patient or Patient Representative:

Printed name of Patient or Patient Representative:

Date (mm/dd/yyyy):

Relationship to Patient or Authority to Act for the Patient:

Participant Signature:

Date:

Participant Name (print):

VERIFICATION OF STUDENT STATUS

Regulations outlined by the U.S. Department of State mandate that a potential J-1 *Intern* must be currently enrolled full time in and pursuing studies at a degree- or certificate-granting post secondary academic institution outside of the U.S. OR have graduated from such an institution no more than 12 months prior to the start of their internship

Regulations mandate that a potential J-1 *Trainee* must have either a degree or professional certificate from a foreign post-secondary academic institution and at least one year of prior related work experience in their occupational field acquired outside the United States OR five years of work experience in their occupational field acquired outside the United States.

If the potential participant has already graduated, a copy of the potential participant's certificate or diploma may be substituted for this form. Please note that this certificate or diploma must be in English and must include the specific date of graduation.

Applicant's Name:

Name of School or Academic Institution:

Address of School or Academic Institution:

Major or Field of Study:

Level of Degree: (Bachelor's, Associate's, Master's, Certificate, etc.)

The below questions must be completed by a representative of the school listed above

I certify that _____ is a current full time student or graduate of the above school or academic institution and that this school or academic institution is considered to be a post-secondary academic institution.

Start Date of full time studies at Academic Institution (mm/dd/yyyy):

Has the student taken any semesters or quarters off since the start date listed above?: Yes No
If Yes, When and Why?

Date or expected date of graduation (mm/dd/yyyy):

Number of Full Time Years of study Completed:

School representative's Name:

School representative's Title:

Signature:

Date:

School Seal:

MEDICAL STATEMENT

This medical statement must be printed and completed by a medical professional. This form must be completed in English.

Applicant Name:

Date of Birth (mm/dd/yyyy):

General state of applicant's health:

Height (cm):

Weight (Kg):

Excellent

Good

Fair

Poor

Blood Pressure:

Pulse:

*Does applicant now have, or has he/she ever had, any of the following?
(If yes, give detailed information regarding impairment in the EXPLANATION space provided below.)*

Illness	No	Yes	Month/Year	Disorders	No	Yes
Chicken pox	<input type="checkbox"/>	<input type="checkbox"/>		Seizure Disorders	<input type="checkbox"/>	<input type="checkbox"/>
Measles	<input type="checkbox"/>	<input type="checkbox"/>		Sleepwalking	<input type="checkbox"/>	<input type="checkbox"/>
Mumps	<input type="checkbox"/>	<input type="checkbox"/>		Appendectomy	<input type="checkbox"/>	<input type="checkbox"/>
Poliomyelitis	<input type="checkbox"/>	<input type="checkbox"/>		Cough (frequent)	<input type="checkbox"/>	<input type="checkbox"/>
Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>		Diabetes Militis	<input type="checkbox"/>	<input type="checkbox"/>
Rubella	<input type="checkbox"/>	<input type="checkbox"/>		Headache (persistent)	<input type="checkbox"/>	<input type="checkbox"/>
Scarlet Fever	<input type="checkbox"/>	<input type="checkbox"/>		Menstrual Disorders	<input type="checkbox"/>	<input type="checkbox"/>
Malaria	<input type="checkbox"/>	<input type="checkbox"/>		Learning or Speech Defects	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>		Vertigo, Dizziness	<input type="checkbox"/>	<input type="checkbox"/>
Parasites	<input type="checkbox"/>	<input type="checkbox"/>		Allergies	<input type="checkbox"/>	<input type="checkbox"/>
Goiter	<input type="checkbox"/>	<input type="checkbox"/>		Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Hernia	<input type="checkbox"/>	<input type="checkbox"/>		Other	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>				

Has the applicant ever been hospitalized? Yes No

Has the applicant ever been advised to have surgery, which has not been done?

Yes

No

Is the applicant presently taking medications or injections?
 Yes No

Does the applicant presently have any diagnosed condition requiring ongoing treatment or check-ups?

Yes

No

EXPLANATION in detail of all "yes" answers in items above:

Allergy statement: HAYFEVER

Yes No

What specific pollens, grassess, etc., is the applicant allergic to?

What reactions are caused by contact?

If so what medication and dosage?

Mild

Strong

Severe

Life Threatening

Are there any restrictions on the applicant's participation in physical activities?

Medical insurance required by WISE does not cover pre-existing conditions. The applicant has been made aware of any possible pre-existing conditions for which they may need to maintain additional coverage.

Signature of Physician:

Date (mm/dd/yyyy):

Stamp of Physician:

Name of Physician (print):

Place of Examination:

INTERVIEW FORM

Visa regulations require a documented interview in person, by videoconferencing, or by web-camera for every potential J-1 Internship or Training candidate. Telephone interviews are not sufficient. This form must be completed and signed by one of the following:

Interviewer from one of WISE's Partner Organizations, School Representative from one of WISE's Partner Universities or a WISE staff member.

Applicant's Name:

The objective of the J-1 exchange visitor programs as a whole is to increase the mutual understanding between people of the U.S. and people of other countries by means of education and cultural exchange.

The Department of state defines a trainee or intern as a person who is engaging in a program for the purpose of obtaining practical training in a specialized field of knowledge and skill. Under this program, foreign nationals may visit the United States temporarily for the purpose of enhancing the Exchange visitor's skills in their occupation through participation in a structured program and to improve the participant's knowledge of American techniques, methodologies or expertise within the individual's field of endeavor. To be eligible for the J-1 visa category, the applicant must clearly demonstrate through their prior training and practical experience that they are able to advance within their chosen career as a result of participation in this program.

WISE eligibility requirements for the **Internship Program** require that applicants for this program be fulltime students at a tertiary level academic institution, or have graduated within 12 months of the start of their internship.

WISE eligibility requirements include that applicants for the **Training Program** demonstrate at the very minimum a degree plus one year of relevant experience; or, five years of relevant experience within their occupational field. This experience must be recent so that they have a sufficient point of reference to best benefit from this opportunity. The training program being offered to the trainee must provide significant enhancement of skills and knowledge and is not intended to serve as a means of gaining experience in areas already familiar to the trainee.

Additionally, in order to ensure that participants are sufficiently fluent in English to benefit from and comprehend fully the training being undertaken, the regulations require that they have verifiable English language skills sufficient to function on a day-to-day basis in the training or internship environment.

Qualified participants must clearly exhibit an interest in learning more about the culture of the U.S. and be willing to participate in structure and non-structured activities to increase their mutual understanding of the U.S. and share their culture and perspectives with the people from the U.S. that they encounter through their structured training program at their host site and in the communities they live in over the course of the program.

By signing, I certify that as per the above mentioned criteria, I have reviewed the participant's qualifications and experience and can substantiate that the above named participant has appropriate education, skills, motivation, and experience to benefit from the structured program to be provided.

Method and Place of Interview:

Interviewer's Name:

Interviewer's Title:

Date of Interview: (mm/dd/yyyy)

/ /

Telephone Number:

Organization:

Signature of Interviewer:

REFERENCE FORM

This reference form must be completed by a current or former employer, school instructor or school administrator within the professional field of your training or internship program for which you are applying. The individual completing this form must have known you for at least 6 months. The form will be rejected if it is completed by a friend or relative. The form must be completed in English. Current letters of recommendation (less than 1 year old) from a school or employer may be used in substitution of this form. These letters must be written in English, printed on letterhead & signed by individual writing the letter.

Applicant's Name:

Name of Reference:

Title:

Email Address:

Telephone #:

In what capacity have you known the applicant?

How long have you known the applicant?

Using the chart below, please rate the applicant

	Excellent	Good	Fair	Poor
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resourcefulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of Humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please answer the questions below regarding the applicant

Please describe the three best attributes of the applicant. Discuss in detail qualities from the above list or others not included:

Describe the applicant's ability to relate to people of different nationalities and ages:

Do you recommend the applicant for participation in the J-1 Internship and Training program?

YES

NO

What interest has the applicant expressed in learning about the US culture?

Reference's Signature:

Date:

PROGRAM COST			
Program Fees	6 months or less	\$700	\$ _____
	7-18 months	\$900	\$ _____
Insurance Fees	Number of months of Internship: _____ X \$40 per month		\$ _____
(Optional) include an additional \$40 for medical insurance during the 30 day grace period following your program.			(optional) \$40
Optional medical coverage if operating a passenger car: _____ X \$5 per month			\$ _____
Total Program Fee:			\$ _____

PAYMENT CHECKLIST

Please specify your payment details by checking the appropriate box

<input type="checkbox"/>	Wire transfer: I have included my name and the name of the host site and WISE Foundation in the form of the payment. I have enclosed the bank receipt.		
	<table border="1" style="width: 100%;"> <tr> <td style="width: 70%;">Name of Bank</td> <td>Date</td> </tr> </table>	Name of Bank	Date
Name of Bank	Date		
<input type="checkbox"/>	Money Order or Cashier's Check: Drawn on a U.S. Bank sent with the original application.		
<input type="checkbox"/>	Credit card: The credit card form is completed and signed, and included with this application (only if paying by credit card). The credit card form can be downloaded here: http://wise.wisefoundation.com/files/Training%20Internship%20CREDCAR.pdf		
<input type="checkbox"/>	The Host Site: The host site will pay the fees or a portion of the fees. I have included the contact information for the person who has communicated this to me below.		
	Name of Contact at Site:		
	Phone:		

REQUIRED DOCUMENTS

Along with each page of this application you will also need to submit the following items

CV/Resume

Your CV must include:

- Education history (**including start & end dates for each entry**)
 1. Please include secondary school information to most current
 2. Please include your major area of study and the month & year of your anticipated or actual graduation
- Work Experience (**include start & end dates for each entry, your title, & a description of your responsibilities**)
 1. Please include training programs, internships & apprenticeships within this section
 2. Detail any certificates that you might have obtained in your field of study

Passport (copy of main photo page)

Your Passport must be:

- Clear, legible & must be valid 6 months past the end date of your entire J-1 program

Offer Letter from Host site (Please send this with your application if it is available)

Your Offer Letter must:

- Be printed on company letter head
- Include start date associated with your J-1 program & the length of your program
- Include type of program offered (Rooms, F&B, Sales, etc)
- Include stipend or wage amount (if applicable)
- Be signed by both you and the host site representative