# **J-1 Student Intern Application**

## To be completed by the Student Intern

Intern must attach the following documents to application and send to the department via email, fax or mail:

- Copy of your passport identification and validity pages.
- Current resume
- Financial Support Documentation (English translation)
- Signed T/IPP form (http://www.k-state.edu/isss/docs/j1/TIPP.pdf)
- Certificate of Academic Status

### **STUDENT INFORMATION:**

All 1	personal	information	must match	the pas	sport ID pag	ge.
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Family Name:		First Name	:		
Middle Name:		Male 🗆	Female □		
Date of Birth (mm/dd/yyyy)		Email:			
City of Birth:		Country of	`Birth		
Country of Citizenship:		Country of	Country of Permanent Residency:		
	s, fill out the "J-2 Depe	endent Section." If dep	No □ endents will be joining the J-1, then he/she nd \$650 per month for any additional		
Are you currently in the U.S.?	Yes □ No	O 🗆			
If yes, what type of vis	sa are you on?				
FUNDING					
	he amount of fundin		ire stay in the United States, including sufficient for support at Kansas State		
List all appropriate sources of	f funding you receive	e other than from K-	State.		
<ol> <li>Home government</li> <li>Personal funds</li> <li>Other</li> </ol>	\$ \$ \$	monthl monthl monthl	y		

Evidence of funding is required for all sources listed above. Your application will not be accepted without supporting evidence. Please attach verification of funding. Acceptable documentation includes any of the following: A letter from the organization providing the funding indicating the amount of money to be offered and the dates during which the funds will be available; a copy of your bank statement; or an Affidavit of Support, if a family member or friend is providing the funding. That person must sign the Affidavit indicating he/she will pay for the intern's expenses for the dates of the internship. He or she must also attach a copy of his or her bank statement. All documentation should be dated within the last six months If these documents are not in English, please provide a translation in English.

#### **INSURANCE**

You will be required to maintain health insurance coverage for yourself and all dependents throughout your entire stay in the U.S. The minimum requirements, as well as insurance provider options, will be mailed to you with your DS-2019. For more information, see "WHAT ARE MY RESPONSIBILITIES AS AN EXCHANGE VISITOR?" at <a href="http://www.k-state.edu/isss/scholars-interns/j-exchange-visitor-program/info">http://www.k-state.edu/isss/scholars-interns/j-exchange-visitor-program/info</a> for ev.html.

#### J-2 DEPENDENTS

Dependent 1

Fill out ALL information for all family members (spouse or children **under the age of 21**) who will accompany you to the United States in the section below.

## All personal information must match the dependents' passports:

Family Name:	First Name:		
Middle Name:	Male □ Female □		
Date of Birth (dd/mm/yyyy):	City of Birth:		
Country of Birth:	Country of Citizenship:		
Country of Permanent Residency:			
Dependent 2			
Family Name:	First Name:		
Middle Name:	Male □ Female □		
Date of Birth (dd/mm/yyyy):	City of Birth:		
Country of Birth:	Country of Citizenship:		
Country of Permanent Residency:			



International Student & Scholar Services

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