

## PERSONAL INFORMATION

First name	Middle name	Last name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of birth	Age	Gender	Country of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Country of citizenship 1	Country of citizenship 2 (Optional)
<input type="text"/>	<input type="text"/>

**Current address**

CITY	STATE	COUNTRY	ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ADDRESS <input type="text"/>			

## Applicant contact details

**⚠** The data entered here must correspond to the main applicant. No spouse or children. Avoid entering employment or educational contact information.

PERSONAL EMAIL	PRIMARY PHONE
<input type="text"/>	<input type="text"/>

## INFORMATION OF THE SPONSOR THAT IS APPLYING

Sponsor name	Position	Location
<input type="text"/>	<input type="text"/>	<input type="text"/>

## ACADEMIC INFORMATION

ACADEMIC PROGRAM	YES	NO	NAME OF INSTITUTION	YEAR OF GRADUATION
High School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Bachelor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Post Graduate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

None

## Address of the High School institution:

CITY	STATE	COUNTRY	ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ADDRESS <input type="text"/>			

## ENGLISH LANGUAGE PROFICIENCY

Writing	<input type="text"/>	Listening	<input type="text"/>
Reading	<input type="text"/>	Speaking	<input type="text"/>

Have you ever been to the United States of America? YES  NO

Have you ever had a social security number? YES  NO  IF YES, WHAT IS THE NUMBER SSN?

## WORK EXPERIENCE OF PAST 3 YEARS

	COMPANY NAME	START DATE	END DATE	CURRENT	JOB DESCRIPTION
JOB 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
JOB 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
JOB 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>

## DEPENDENTS INFORMATION

### Relative # 1

<b>Degree of kinship</b>	<b>First name</b>	<b>Middle name</b>	<b>Last name</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Gender</b>	<b>Country of birth</b>	<b>Country of Citizenship</b>	
MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	
<b>Date of birth</b>	<b>Highest level of education</b>		
<input type="text"/>	HIGH SCHOOL <input type="checkbox"/> BACHELOR <input type="checkbox"/> POST GRADUATE <input type="checkbox"/> NONE <input type="checkbox"/>		

### Relative # 2

<b>Degree of kinship</b>	<b>First name</b>	<b>Middle name</b>	<b>Last name</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Gender</b>	<b>Country of birth</b>	<b>Country of Citizenship</b>	
MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	
<b>Date of birth</b>	<b>Highest level of education</b>		
<input type="text"/>	HIGH SCHOOL <input type="checkbox"/> BACHELOR <input type="checkbox"/> POST GRADUATE <input type="checkbox"/> NONE <input type="checkbox"/>		

### Relative # 3

<b>Degree of kinship</b>	<b>First name</b>	<b>Middle name</b>	<b>Last name</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Gender</b>	<b>Country of birth</b>	<b>Country of Citizenship</b>	
MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	
<b>Date of birth</b>	<b>Highest level of education</b>		
<input type="text"/>	HIGH SCHOOL <input type="checkbox"/> BACHELOR <input type="checkbox"/> POST GRADUATE <input type="checkbox"/> NONE <input type="checkbox"/>		

### Relative # 4

<b>Degree of kinship</b>	<b>First name</b>	<b>Middle name</b>	<b>Last name</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Gender</b>	<b>Country of birth</b>	<b>Country of Citizenship</b>	
MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	
<b>Date of birth</b>	<b>Highest level of education</b>		
<input type="text"/>	HIGH SCHOOL <input type="checkbox"/> BACHELOR <input type="checkbox"/> POST GRADUATE <input type="checkbox"/> NONE <input type="checkbox"/>		

Are you legally married?

YES  NO  OTHER

If YES, date and country of marriage

COUNTRY

DATE OF MARRIAGE

If OTHER, (divorced, widow, separated) please CLARIFY:

## EMERGENCY CONTACT INFORMATION

Name

Phone number

Degree of kinship

Address

## IMMIGRATION RECORDS

Please answer for the principal applicant and dependents

Are you currently in the US?

Applicant

YES  NO

Dependents

YES  NO

If yes, who:

If you are currently in the US, please provide your most recent I-94 number

Do you currently hold a US Visa?

Applicant

YES  NO

Dependents

YES  NO

If YES fill the table:

### US VISA RECORD

NAME	TYPE OF VISA	EXPEDITION DATE	EXPIRATION DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you ever been rejected for a visa?

Applicant

YES  NO

Dependents

YES  NO

If YES fill the table:

### US VISA REJECTION

NAME	TYPE OF VISA	REJECTION DATE	REJECTION REASON
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you ever overstayed your visa or I94?

Applicant YES  NO

Dependents YES  NO

If YES who

Have you ever been unlawfully present in the United States?

Applicant YES  NO

Dependents YES  NO

If YES who

**Have you ever been denied entry to the United States?**

**Applicant** YES  NO  | **Dependents** YES  NO  | **If YES, please elaborate:**

**Have you ever been deported or told to leave from any country?**

**Applicant** YES  NO  | **Dependents** YES  NO  | **If YES, please elaborate:**

**Have you ever been before an immigration Judge/hearing officer?**

**Applicant** YES  NO  | **Dependents** YES  NO  | **If YES, please elaborate:**

**INADMISSIBILITIES**

**Medical Conditions for any members**

**Significant medical procedures for any family members**

NAME	CONDITION	NAME	PROCEDURE	DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Have you ever been diagnosed with a sexually transmitted disease?**

**Applicant** YES  NO  | **If YES, please elaborate:**  | **Dependents** YES  NO

**Have you ever been diagnosed with Tuberculosis?**

**Applicant** YES  NO  | **Dependents** YES  NO  | **if YES, please elaborate:**

**Do you have health insurance?**

**Applicant** YES  NO  | **Dependents** YES  NO  | **if YES, please elaborate:**

**Do you have any criminal record?**

**Applicant** YES  NO  | **Dependents (14 years or above)** YES  NO

**If YES fill the table:**

NAME	TYPE OF RECORD	DATE	OUTCOME
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Have you ever been convicted of a crime?**

**Applicant** YES  NO  | **Dependents** YES  NO  | **If YES, please elaborate:**

**In the last year have you consumed any illegal substances?**

**Applicant** YES  NO  | **Dependents** YES  NO  | **if YES, please elaborate:**

**Do you have any substantial debt? Such as student loans, mortgage etc**

**Applicant** YES  NO  | **Dependents** YES  NO  | **if YES, please elaborate:**

**Disclosure**

\_\_\_\_\_  
**Signature**