



J-1 VISITING SCHOLAR APPLICATION

LAKE WASHINGTON TECHNICAL COLLEGE

TO APPLY PLEASE RETURN THE FOLLOWING:

- Completed Application
- Current Bank Statement showing a minimum of \$20,000 USD plus \$5000 per dependent (original, official bank statement on bank letterhead in English)
- \$150 Application Fee—pay LWTC cashier, attach receipt or send in a money order payable to LWTC
- Copy of Passport,
- Research Statement
- Resume

Personal Information (print or type it clearly as it appears on your passport)

Family Name: _____ **Native Language(s):** _____
First Name: _____ **Social Security Number:** _____
Middle Names: _____ **Home Country Address:** _____
Date of Birth: MM/DD/YYYY ___/___/___ **Address:** _____
 Male Female Married Single
Country of Birth: _____ **City:** _____ **Post Code:** _____
Country of Citizenship: _____ **Country:** _____
Email: _____ **Phone:** _____

Potential Arrival Date: MM/DD/YYYY ___/___/___

Approximately how long will you do research at LWTC?

- 3 months/1quarter
- 6 months/2 quarters
- 9 months
- 1 year

Will you have any dependants with you? No Spouse #___ of Child(ren) provide copies of passport(s)

How did you hear about LWTC?

- Friends/Family
- LWTC Website
- Study in the USA Website
- Magazine
- Other: _____

The United States Department of State purpose for the J-1 Visitor Exchange program is to increase mutual understanding between the people of the United States and the people of other countries through educational and cultural exchanges. The mission and vision for Lake Washington Technical College is to prepare students for today’s careers and tomorrow’s opportunities, and be the regional college of choice for workforce education. Please attach a one page Research Statement explaining your research topic and how it aligns with the mission and vision of Lake Washington Technical College and how it supports the Department of State purpose for the J-1 Visitor Exchange program.

Please write a one sentence summary of the Research Statement attached:

Health Insurance

All J-1 non-immigrants must maintain health insurance that is valid throughout their period of stay in J-1 status. As mandated by Federal law, this insurance must cover up to \$50,000 in medical expenses (minimum) for the J-1 and any J-2 dependents. If a J-1 and/or any accompanying dependents do not have sufficient medical insurance from abroad, it must be purchased in the United States. Please note: proof of health insurance is due upon arrival.

- I will bring health insurance from my home country.
- I will purchase health insurance through Lake Washington Technical College.

Financial Information

Provide documentation, in English, of funding for financial support (grant award letters, letters from home employer, or bank statements). Federal regulations require that a J-1 Visiting Scholars submit evidence of the ability to provide minimum living expenses for him/herself and any dependents in the United States while affiliated with Lake Washington Technical College. The minimum level of funding is \$20,000 if he/she is coming without dependents. An additional \$5000 per dependent is needed for the spouse and each child. See below for fees and estimated living expenses.

How will you pay for your tuition and living expenses?

- Personal funds Sponsor in the US (I-134 required) Government sponsorship from home country
 Company sponsorship from home country Family Funds Name: _____ Relationship: _____
 Other _____

Fees and Estimated Living Expenses:

- a. \$150 application fee—due with application
b. \$3000 program fee—due two weeks before start date
c. \$207 insurance (if other insurance is not provided or adequate) due upon arrival at school
d. \$1650 monthly room, board, and transportation (estimated)
e. \$400 each dependent per month (estimated cost of living expense) NOTE: Insurance will be an additional fee per each dependent.
f. \$2500 per quarter—Intensive English Program for **conditionally accepted participants**.

I certify that I understand the questions above and the information I have provided is complete, accurate and true. I will have sufficient funds available to pay all of the necessary expenses and tuition as stated on this application. The source of these funds will continue through the duration of my study at Lake Washington Technical College.

Signature _____ Date: _____

Release and Waiver Signatures

The undersigned hereby gives the Lake Washington Technical College, its officers, employees, and agents full authority and permission to take whatever action they feel is reasonably warranted under the circumstance, and to act as agent of the undersigned, regarding the named student's health and safety. This authority and permission includes, but is not necessarily limited to, the following: rendering or ordering medical treatment; the giving of medication, and any examinations, X-rays, anesthetic, medical or surgical diagnosis or treatment or hospital care, if and as deemed necessary. The undersigned understands that a reasonable attempt will be made to contact the emergency contact listed below before any action is taken. The undersigned agrees to be financially responsible for all medical attention so authorized or ordered during the student's attendance at Lake Washington Technical College, except as disclosed in any writing attached to this document. To the fullest extent permitted by law, the undersigned hereby releases Lake Washington Technical College, its officers, employees, and agents from all liability, and waive and release all claims, related to or arising from such decisions or actions as may be taken under the authority of this document.

"I verify that to the best of my knowledge all of the statements on this for are true."

Participant's Name (please print) _____ Birth date MM/DD/YYYY _____

Participant's Signature _____ Date _____

The application fee of \$150 can be made by check, money order, credit card, or wire transfer.

- I will pay by credit card: Visa MasterCard Name as it appears on the card: _____
Credit Card Number: _____ Code on the back: _____ Expiration date: _____
Signature of card holder: _____
 I will pay by check or money order made out to LWTC
 I will pay by wire transfer. Contact LWTC IP Office for wire transfer details.

Emergency Contact Information

Who should be contacted in case of an emergency or medical situation?

Last Name: _____ Country: _____
First Name: _____ Relationship: _____
Telephone: _____ English Speaking? No Yes
Cell Phone: _____
Email: _____

Dependent Information

List any dependents (husband, wife, unmarried children under the age of 21) that will come with you to the United States in J-2 status. Please also include a copy of the biographic page of the passport for each dependent. If you would like dependents to join you later, please contact your international advisor after your arrival.

Spouse:

Family Name: _____

First Name: _____

Middle Names: _____

Date of Birth: MM/DD/YYYY ___/___/___

Male Female Married

Country of Birth: _____

Country of Citizenship: _____

Child 1:

Family Name: _____

First Name: _____

Middle Names: _____

Date of Birth: MM/DD/YYYY ___/___/___

Male Female

Country of Birth: _____

Country of Citizenship: _____

Child 2:

Family Name: _____

First Name: _____

Middle Names: _____

Date of Birth: MM/DD/YYYY ___/___/___

Male Female

Country of Birth: _____

Country of Citizenship: _____

Child 3:

Family Name: _____

First Name: _____

Middle Names: _____

Date of Birth: MM/DD/YYYY ___/___/___

Male Female

Country of Birth: _____

Country of Citizenship: _____