

PARTICIPANT INFORMATION *(continued)*

Are you (the scholar or student) currently in the United States? Yes No

If yes, what is your current visa status and, if J-1, what is your category? Please include both your past and current legal documents (e.g. DS-2019 form, I-94, I-797 approval, etc.)

Current visa status:

Current category:

Have you previously participated in a J-1 OR J-2 program within the past 24 months? Yes No

If yes, include all previous DS-2019 forms. Exception: If extending a CWU J-1 Scholar, omit DS-2019 forms.

Will any dependent(s) accompany you? Yes No

If yes, complete the appropriate section below. Include a scanned copy of any dependents' passports and appropriate additional funding. Only a spouse or unmarried child under the age of 21 may qualify as a dependent.

FINANCIAL INFORMATION

Financial certification in English and in U.S. dollars is required for financial support not provided by CWU. If a funding document does not list funding in U.S. dollars, a conversion must be submitted.

Required Funding Per Month (USD)

Location	1 Adult				2 Adults (1 Working)				2 Adults (Both Working)			
	0 Children	1 Child	2 Children	3 Children	0 Children	1 Child	2 Children	3 Children	0 Children	1 Child	2 Children	3 Children
Kittitas County	1,950	4,164	5,240	6,919	3,194	3,906	4,436	4,943	3,194	4,585	5,794	6,981
Tacoma, Seattle, Bellevue areas	2,768	5,248	6,477	8,693	4,017	4,839	5,368	6,261	3,903	5,670	7,031	8,755

Funding Source	Amount Per Month	Number of Months	Total Amount
Central Washington University			
U.S. Government Agency:			
Scholar's Home Government:			
Other 1:			
Other 2:			
Other 3:			
Other 4:			
Personal Funds			
Total <u>Required</u> For Program:			
Total Scholar Has For Program:			

DEPENDENT INFORMATION

Complete this section if requesting a J-2 DS-2019. Only a spouse or unmarried child under the age of 21 may qualify as a dependent. Enter information as it appears on passport. Attach additional pages if necessary.

1. Family Name(s):

Given Name(s):

Middle Name(s):

Gender: Male Female OtherDate of Birth: ____/____/____
MM DD YYYYRelationship: Spouse Child

City of Birth:

Country of Citizenship:

Country of Legal
Permanent Residence:**2.** Family Name(s):

Given Name(s):

Middle Name(s):

Gender: Male Female OtherDate of Birth: ____/____/____
MM DD YYYYRelationship: Spouse Child

City of Birth:

Country of Citizenship:

Country of Legal
Permanent Residence:**3.** Family Name(s):

Given Name(s):

Middle Name(s):

Gender: Male Female OtherDate of Birth: ____/____/____
MM DD YYYYRelationship: Spouse Child

City of Birth:

Country of Citizenship:

Country of Legal
Permanent Residence:**4.** Family Name(s):

Given Name(s):

Middle Name(s):

Gender: Male Female OtherDate of Birth: ____/____/____
MM DD YYYYRelationship: Spouse Child

City of Birth:

Country of Citizenship:

Country of Legal
Permanent Residence:

MANDATORY INSURANCE

Both federal regulations (22 C.F.R. Part 62, Section 62.14) and CWU policy (CWUP 2-20-100) require all J visa holders to have valid health insurance. Student and scholars may satisfy this requirement with coverage from any provider, so long as the policy meets all minimum coverage requirements identified by CWU.

Requirements, possible US-based providers, and the process for verifying coverage for CWU is found here: <http://www.cwu.edu/international-programs/international-student-insurance>.

Federal regulations place the further requirements on the policy and its underwriter:

“(d) Any policy, plan, or contract secured to fill the above requirements must, at a minimum, be:

- (1) Underwritten by an insurance corporation having an A.M. Best rating of “A-” or above; a McGraw Hill Financial/Standard & Poor’s Claims-paying Ability rating of “A-” or above; a Weiss Research, Inc. rating of “B+” or above; a Fitch Ratings, Inc. rating of “A-” or above; a Moody’s Investor Services rating of “A3” or above; or such other rating as the Department of State may from time to time specify; or
 - (2) Backed by the full faith and credit of the government of the exchange visitor’s home country; or
 - (3) Part of a health benefits program offered on a group basis to employees or enrolled students by a designated sponsor; or
 - (4) Offered through or underwritten by a federally qualified Health Maintenance Organization or eligible Competitive Medical Plan as determined by the Centers for Medicare and Medicaid Services of the U.S. Department of Health and Human Services.”
- I understand this and agree to provide proof of adequate health insurance upon arrival at CWU.

CERTIFICATION BY SCHOLAR OR STUDENT

I hereby attest that all information I have given above is true and accurate to the best of my knowledge and the copies of the documents that I have submitted are exact photocopies or scans of unaltered original documents. I understand that I may be required to submit original documents to an immigration, consular, or CWU school official at a later date.

I understand that I must arrive at CWU and meet with OISP within 30 days of the start date printed on my DS-2019 and must notify OISP at the earliest possible time if unable to do so.

Printed
Name:

Signature:

Date: