

Pine Culture Exchange LLC. U.S.A.

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U.S.A. English Study Program Application Form:

1. Family Name: _____ Given Name: _____
2. Gender: Male: _____ Female: _____
3. Date of Birth: Day _____ Month _____ Year _____
4. Place of Birth (city): _____
5. Nationality: _____
6. Passport Issued by (Country): _____
7. Passport Number: _____
8. Identity Card Number: _____
9. Current Home Address: _____
Street: _____ City: _____
State: _____ Country: _____ Zip Code: _____
10. Contact Information:
Work (Tel): _____ Home/Mobil (Tel): _____
Email Address: _____
11. Emergency Contact: Name and Telephone Number: _____

12. Study Terms: One Session: _____ Two Sessions: _____
Three Sessions or more: _____
13. If Any Criminal Record: No _____ Yes (explain) _____
14. If Any Illegal Drug Use History: No _____ Yes (explain) _____
15. Holding Valid Passport (6 months and more): Yes _____ No _____
16. U.S.A. Visited History: Yes _____ No _____
17. U.S.A. Visa Application Assistance: Yes _____ No _____
18. U.S.A. Round Trip Air Ticket Purchase Assistance: Yes _____ No _____

I certify that the above information are true and correct to the best of my knowledge. I agree to accept full responsibility for any negative results caused by false information given.

Applicant Signature: _____ Date: _____

Guardian Signature: _____ Date: _____