

APPLICATION  
(Please Print)

# WASHINGTON STATE INTERNATIONAL EXCHANGE ASSOCIATION

509 Olive Way Suite 831 Seattle, WA 98101

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## STUDENT EXCHANGE PROGRAM IN CHINA

### PERSONAL INFORMATION

NAME(LAST, FIRST) \_\_\_\_\_ SEX \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE(H) \_\_\_\_\_ (C) \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_

AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ SCHOOL \_\_\_\_\_ REFERRED BY \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

### PARENT / LEGAL GUARDIAN INFORMATION (If Applicant is under 18)

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE(H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ OCCUPATION \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE(H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ OCCUPATION \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

**CURRENT SCHOOL INFORMATION**

NAME \_\_\_\_\_ TYPE (PRIVATE/PUBLIC) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TEL \_\_\_\_\_ FAX \_\_\_\_\_

AVERAGE GPA \_\_\_\_\_ MAJOR \_\_\_\_\_

**SPECIAL NEEDS/REQUESTS (ie. Allergies, pet preference, etc)**

**HOBBIES & INTERESTS**

**EXCHANGE PROGRAM REQUEST**

DATES AVAILABLE \_\_\_\_\_

DESIRED LENGTH OF PROGRAM \_\_\_\_\_

DESIRED LOCATIONS (LIST UP TO 3 CITIES) \_\_\_\_\_

DESIRED HOST SISTER/BROTHER GENDER \_\_\_\_\_ AGE RANGE \_\_\_\_\_

**REFERNCES FOR STUDENT**

**PLEASE RESPOND TO THE FOLLOWING QUESTIONS**

1. With the exception of motor vehicle violations, have you ever been convicted of a crime, felony, or misdemeanor by any state, the federal government, or any other jurisdiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Is there a criminal complaint or accusation, or other information presently pending against you, or are you under indictment in state, by the federal government, or by any other jurisdiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Has any application for a professional or occupational license or permit made by you ever been denied, or has a license or permit issued to you ever been suspended, revoked, censured, or fined, in any state or any other jurisdiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you ever had a civil court order, verdict, or judgment entered against you in any court or competent jurisdiction in which the subject matter involved any education/teaching or business related activity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Are you currently required to register as a sex offender in any other state? If yes, state _____ county _____ country _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**AUTHORIZATION**

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that falsified statements on this application shall be grounds for dismissal.

I understand that completion of this application does not indicate that there is an exchange opportunity available and that there is no stated guarantee of success. Preferences listed in the application act only as a guideline for program set up but are not necessarily guaranteed terms.

I have agreed for WSIEA to have the right to complete a comprehensive background check that will include but not limited to areas of criminal, credit, and employment.

**Application Fee (Non-refundable):**

I have enclosed a check of **\$100.00** (made out to *Washington State International Exchange Association*) as the application fee, allowing WSIEA to set up the student exchange program specified in the application. The fee will be nonrefundable unless for the following reason. Upon completion of the program and the submission of an Exit Interview by the applicant, \$50.00 of the original application fee may be refunded to the applicant within 30 days of approval by WSIEA.

Student Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: \_\_\_\_\_

Legal Guardian Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: \_\_\_\_\_

Legal Guardian Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: \_\_\_\_\_