



WIFA INTERNATIONAL STUDENT
VISA APPLICATION

Biographical Information

Male Female Single Married Divorced Widowed Separated

Last Name _____ First, Middle Name _____

Date of Birth / / Birth City _____ State/Province _____
mm dd yyyy

Birth Country _____ County of Citizenship _____

Please indicate your status: Permanent Resident (Green Card) Asylee Refugee

F-1 Visa J-1 Visa Other Visa _____ (write in Visa type)

U.S. Citizen Yes No Social Security # / /

Are you of Hispanic or Latino origin? Yes No

What is your race? Select all that apply. White Black/African American Asian

American Indian or Alaska Native Native Hawaiian or other Pacific Islander

Military Status (if applicable)

Veteran Active Duty Military Reservist National Guard member

Military Dependent (child or spouse) Survivor of a Service Member No military-connect status

Physical Address in Home Country House Number, Street _____

PO Box or Apt # _____ City, State or Province _____

Postal Code _____ Country _____ Email _____

Phone (including all country/city codes) _____/_____

Alternate Phone _____/_____

Mailing Address in U.S. House Number, Street _____

PO Box or Apt # _____ City and State _____

Zip Code _____ Email _____ Phone _____

Passport Information

Passport Issuing Country _____ Passport # _____

Issuance Date (mm/dd/yyyy) _____ Expiration Date (mm/dd/yyyy) _____

Have you ever been issued a U.S. Visa? ___ Yes ___ No

When? _____ Where? _____

Visa Type _____ Visa # _____ Expiration Date _____

Have you ever been refused a U.S. Visa? ___ Yes ___ No

When? _____ Where? _____

What Type of Visa? _____

Has your U.S. Visa ever been cancelled or revoked? ___ Yes ___ No

Are you proficient in the English language? ___ Yes ___ No

Emergency Contact in U.S. (family member or close friend)

Name of contact _____ Relationship to you _____

Address _____ City, State _____

Zip Code _____ Phone _____ Email _____

Emergency Contact in Home Country

Name of contact _____ Relationship to you _____

Address _____ City _____

Province _____ Postal Code _____ Country _____

Course Selection (indicate the course or courses you would like to complete)

___ Private Pilot ___ Instrument Rating ___ Commercial Pilot

Previous Flight Training

Name of School _____ Country _____

Single Engine Hours _____ Multi-Engine Hours _____ Licenses/Ratings _____

Name of School _____ Country _____

Single Engine Hours _____ Multi-Engine Hours _____ Licenses/Ratings _____

Dependent Information Provide the following information for each dependent:

Last Name _____ First, Middle Name _____

___ Male ___ Female Relationship to you _____ Birth Country _____

Date of Birth ___/___/___ Country of Citizenship _____
mm dd yyyy

Dependent Information Provide the following information for each dependent:

Last Name _____ First, Middle Name _____

___ Male ___ Female Relationship to you _____ Birth Country _____

Date of Birth ___/___/___ Country of Citizenship _____
mm dd yyyy

Your Signature _____ Today's Date _____