

### TTG EdTour Program Application Form

Please write in print. Kindly write 'N/A' for items that are not applicable to you.

**Power Club Membership No:** \_\_\_\_\_

Personal and Professional Information			
Last Name:	Given Name:	Middle Name:	
Full Name that Appears on the Passport:			Gender:
Date of Birth:	Place of Birth ( <i>City, Province</i> ):	Nationality:	
Civil Status:	Social Media Account Identifier:		
Complete Home Address:		Zip Code:	Home Phone Number:
Mobile Number:	Email Address:		
Passport Information			
Passport Number:	Issuance Date:	Expiration Date:	
Place of Issue:	Have you ever lost a passport or had one stolen? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Previous U.S Travel Information			
Have you ever been in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Arrived:	Length of Stay:	
Have you ever been issued a US Visa? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Date Last Visa Was Issued:	Visa Number: ( <i>8-digit number displayed in red on the lower right hand of your visa</i> )		
Have you been ten-printed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has your US Visa been lost or stolen? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has your US Visa ever been cancelled or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of cancellation:	
Has anyone ever filed an immigrant petition on your behalf with the United States Citizenship and Immigration Services? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Who will pay for your trip?			
Family Information			
Father's Last Name:	Given Name:	Date of Birth:	
Mother's Last Name:	Given Name:	Date of Birth:	
Is your father in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is your mother in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any immediate relative in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of immediate relative:		Relationship:	
Status ( <i>US Citizen, US Legal Permanent, Other</i> ):			

Spouse's Information		
Spouse's Last Name:	Given Name:	Date of Birth:
Place of Birth (City, Province):		Nationality:
Home Address:		
Work Information		
Present Employer:		
Position/Designation:		Monthly Salary in Local Currency:
Start Date:	Work Address:	
Briefly describe your duties:		
Previous Employer:		
Position/Designation:		Monthly Salary in Local Currency:
Start Date:	End Date:	Supervisor's Name:
Work Address:		Phone number:
Briefly describe your duties:		
Education Information		
Name of Institution:		
Course of Study:		
Address:		
Start Date:	End Date:	
Name of Institution:		
Course of Study:		
Address:		
Start Date:	End Date:	
Training, Awards and Recognitions Received		
Title:	Date Received/Granted:	
Title:	Date Received/Granted:	
Title:	Date Received/Granted:	

I certify that the information provided in this application form are accurate and complete to the best of my knowledge. I acknowledge that the provision of incorrect information may result in the cancellation of my application to the TTG EdTour Program.

\_\_\_\_\_  
Applicant's Signature over Printed Name

\_\_\_\_\_  
Date