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**SUPPLEMENTAL NONIMMIGRANT VISA APPLICATION**

PLEASE TYPE OR PRINT YOUR ANSWERS IN THE SPACE PROVIDED OR IN CAPITAL LETTERS IN AN ADDITIONAL SHEET IF YOU NEED MORE SPACE TO COMPLETE YOUR ANSWERS.

1. Last Name (Last of surname) 2. First Name (Last of surname) 3. Full Name (if name available)

4. Date of Birth (if applicable) 5. Applicant's Full Name (if married)

6. Father's Full Name 7. Mother's Full Name

8. Full Name and Address of Contact Person or Organization in the United States (include telephone number)

9. List of countries you have entered in the last ten years (Give the year of each visit) 10. List of countries that have ever issued you a passport (if not one issue?) 11. Have you ever been a passport holder?  Yes  No

12. List of all current employers, last year, last ten employees.

Name	Address	Telephone Number	Job Title	Supervisor's Name	Date of Employment (month/year/year)

13. List of professional, social and charitable organizations to which you belong (include dates of membership or other pertinent information) 14. Do you have any specialized skills or training, including free, unpaid, volunteer, or official experience?  Yes  No (if yes, please specify)

15. Have you ever performed military service?  Yes  No (if yes, complete below)

Name of Country	Branch of Service	Classification	Military Specialty	Date of Service (month/year/year)

16. Have you ever been in an armed conflict, either as a participant or victim?  Yes  No (if yes, please explain)

17. List of educational institutions you attend or have attended (include vocational institutions but not elementary schools)

Name of Institution	Address	Telephone Number	Course of Study	Date of Attendance (month/year/year)

18. Have you made specific travel arrangements?  Yes  No (if yes, please provide a complete itinerary for your travel, including air/airfare information, flight information, specific location you will visit, and a point of contact at each location)

**CONFIDENTIALITY AND PATENTWORK REDUCTION ACT STATEMENTS**

**Confidentiality Statement:** This form and the information provided hereon are intended solely for the use of the U.S. Department of State in processing your application for a nonimmigrant visa. The information provided hereon is not to be disseminated to any other agency, person, or entity, and is not to be used for any other purpose. The information provided hereon is not to be used for any other purpose.

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**RE-ENTRY PROGRAM APPLICATION FORM**

Applicant's Name: Last First Middle Initial Sex (Sex M/F)

Home/Working Address: Street City State Zip

Phone: Day Evening Cell

Email address: Birth Date

Gender: M F Ethnic Origin:  White (non-Hispanic)  African American/Black  Latino/Hispanic  Asian/Pacific Islander  Native American/Alaskan  Other

What is your educational goal at CSN? (Check all that apply, if applicable, list your declared major)

Pre-Apprenticeship Program (Name of CSN Degree/Certificate of CSN: AAS AB CA SDE - Pre-Medical Unpublished) Declared Major: \_\_\_\_\_

Earn a Degree/Diploma of CSN from Transfer (Take classes from transfer)

If you are pursuing a Degree/Certificate in the Health Field, have you attended the Health Program Orientation?  Yes  No

Semester you applying to ReEntry: Semester Year Referred by: \_\_\_\_\_

Primary Campus of Attendance:  Cheyenne  Charleston  Henderson  Other

Have you completed the process and qualified for the Federal Student Aid (FAFSA / Fall grant) for this school year?  No  Yes (Date of submission of form (FAFSA): \_\_\_\_\_)

Are you receiving any other grants, loans, scholarships or financial assistance for this semester?  No  Yes (If yes, name source & amount: \_\_\_\_\_)

Are you on academic suspension?  Yes  No Have you been suspended by the Financial Aid office?  Yes  No

Please check ALL that apply to your current situation:

Nevada Resident Status or CSN  Documented Disability  Visa Filer  Single parent with children under 18  Disabled Homemaker  Limited English  Score below college level on English or Math Placement Exam

Other Programs, Agencies & Resources you are working with:

WIA - Workforce Investment Act Title I  CDFE - Career Enhancement Program  VET - Veterans Affairs  WIOA - Workforce Rehabilitation  CDFE - Disability Resource Center  TRIO Program at CSN

Receiving Public Assistance: (CHECK ALL THAT APPLY)

Food Stamps  SSI  Section 8 - HUD  Public Housing  Nevada Check Up  Medicaid/Medicare  Social Security Disability  Workers Comp.  Welfare (TANF)  Unemployment Insurance  Other

Types of assistance you are requesting from the Re-Entry Program:

Accounting  Information on Non-Traditional Careers  Apprenticeship Preparation Training (APT)  Scholarships for letters and books (Must meet qualifications)  Career guidance & Exploration  Textbook Loan (TAP)  Uniforms or Equipment or  Transportation Assistance  Bus  Car

**Note: The Re-Entry Program provides financial support to those students who have completed the FAFSA process at CSN according to the Pre-apprenticeship program. Requests for student loans may affect eligibility for ReEntry assistance. Contact your ReEntry Specialist prior to submitting loan requests.**

I certify that all information provided above is true, correct and complete. Completion of program application does not guarantee financial assistance through the ReEntry program.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES DIVISION OF CHILD SUPPORT (DCS)**

**Taarifa ya Vyanzo na Gharama za matumizi**  
Statement of Resources and Expenses

JINA LA MZAZI MLEZI WA KISHERIA JINA LA MZAZI MLEZI ASIYEKUWA WA KISHERIA NAMBARI YA KESI

**(Ispokuwa kwa saina yako, tafadhali chapisha majibu yote. Tumia wino wa bluu au mweusi tu.)**

**KUMBUKA: Unalazimika kutoa nambari yako ya usalama wa jamii kwa Kitengo cha Msaada wa Watoto (DCS). DCS itatumia nambari hio kwa ajili ya utekelezaji wa msaada wa watoto kama ilivyofanuliwa katika Hakimiliki IV-D ya Sheria ya Usalama wa Jamii.**

**I. Data zako Binafsi**

JINA KAMILI TAREHE YA KUZALIWA NAMBARI YA USALAMA WA JAMII

NAMBARI YA SIMU YA NYUMBANI NAMBARI YA SIMU YA KAZINI NAMBARI YA UJUMBE / SIMU YA MKONONI

MTAA WA NYUMBANI AU ANWANI YA SANDUKU LA POSTA HALI YA KINDOA YA SASA  Nimeoa/olewa  Mpweke  Nimetengana

MJI WA NYUMBANI JIMBO MSIMBO WA POSTA JINA LA MWENZI / MTU MZIMA MWENGINE KATIKA KAYA

MAHALI PA NDOA (MJI / WILAYA / JIMBO) TAREHE YA NDOA

IDADI YA WATOTO WANAOSHI KATIKA NYUMBA YANGU IDADI YA WATU WAZIMA WANAOSHI KATIKA NYUMBA YANGU BARIJA PEPE

**II. Data za Ajira**

**A. Data za Ajira Yako**

KAZI HALI YA AJIRA YA SASA  Nimeajiriwa  Sikuajiriwa  Nimejajiri Mwenyewe

JINA LA MWAJIRI NAMBARI YA SIMU YA MWAJIRI

MTAA WA MWAJIRI AU ANWANI YA SANDUKU LA POSTA MJI JIMBO MSIMBO WA POSTA

JINA LA UMOJA MTAA WA UMOJA AU ANWANI YA SANDUKU LA POSTA MJI JIMBO MSIMBO WA POSTA





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