University of Mississippi

Application for J-2 Dependents

Please submit the following information. Be sure to type or print clearly:

SCHOLAR'S INFORMATION

NAME: (as it appears in your passport): _____

Family Name (Surname)	Given Name (First)	Middle Name (if any)

CONTACT INFORMATION: E-mail address: _____ Phone Number: _____

FAMILY INFORMATION (FOR SPOUSE AND CHILDREN J-2 DS-2019)

Please provide the following information about each J-2 dependent family member you wish to bring with you to the United States.

Funding:
The funding requirement for a visiting scholar is a minimum level of support of $1,300 per month.

To bring spouse or children, the scholar must show financial support for each dependent. Financial Support of an additional $5000 per year must be shown for a spouse. An additional $3000 of support per year must be shown for each child. Funding must be arranged prior to issuance of a DS-2019 form (formerly the IAP-66).

Proof of funding must accompany this form.

Spouse's Information	Full Name of Spouse (required): _____ Family Name (Surname)　　Given Name (First)　　Middle Name (if any) Residence Information (required): _____ City of Birth　　　　　Country of Birth Residence Information (required): _____ Country of Permanent Residence　　　Country of Citizenship Date of Birth: (month/ day/ year): _____ Spouse's Gender : _____
1st Child's Information	Full Name of Child (required): _____ Family Name (Surname)　　Given Name (First)　　Middle Name (if any) Residence Information (required): _____ City of Birth　　　　　Country of Birth Residence Information (required): _____ Country of Permanent Residence　　　Country of Citizenship Date of Birth: (month/ day/ year): _____ Child's Gender : _____
2nd Child's Information	Full Name of Child (required): _____ Family Name (Surname)　　Given Name (First)　　Middle Name (if any) Residence Information (required): _____ City of Birth　　　　　Country of Birth Residence Information (required): _____ Country of Permanent Residence　　　Country of Citizenship Date of Birth: (month/ day/ year): _____ Child's Gender : _____

For additional children, please send a separate page with the above requested information about name, residence, date of birth, and gender.