



VIRTUAL EXCHANGE APPLICATION FORM

Please attach your photo here

APPLICATION INFORMATION

Per Class (5,000 php)

Per Session (10,000 php)

***Program dates are flexible

PERSONAL INFORMATION

Complete Name: (Last/First/Middle)

Birth Date: (mm/dd/yy)

Citizenship:

Religion:

Complete Address:

Telephone Number:

Phone Number:

E - mail Address:

Name of School:

I hereby certify that all information provided in this application form are true and correct to the best of my knowledge and ability. (Applicant's signature of parent/s or legal guardian is required, if applicant is a minor)

Date of application:

Date received by AFS staff:

SUBMIT APPLICATION or INQUIRY:

Via E-Mail: phi.sending@afs.org or phi.18-@afs.org

Online: <https://www.afsglobal.org/AFSGlobal/OnlineInquiry/>

Telefax: +63 (2) 584 2002 **Website:** www.afs.ph/virtual-exchange/