



INTERNATIONAL STUDENT SERVICES

Host Family Program

Student Application Form

Date _____

Name: _____

Home Country: _____ Birthdate: _____

Home Address: _____

On Campus or Off Campus Address: _____

City: _____ State: _____ Zipcode: _____

Phone Number: (_____) _____ E-mail Address: _____

Have you been in the United States before? Yes No

When: _____ Where: _____

Major Subject: _____ Length of Program: _____

Check Year in School: Freshman Sophomore Junior Senior

Hobbies (please check all that apply)

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Art | <input type="checkbox"/> Listening to music |
| <input type="checkbox"/> Baking | <input type="checkbox"/> Playing an instrument |
| <input type="checkbox"/> Biking | <input type="checkbox"/> Playing games |
| <input type="checkbox"/> Camping | <input type="checkbox"/> Playing sports |
| <input type="checkbox"/> Canoeing | <input type="checkbox"/> Theatre |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Traveling |
| <input type="checkbox"/> Dancing | <input type="checkbox"/> Watching movies |
| <input type="checkbox"/> Hiking | <input type="checkbox"/> Others: _____ |

Dietary restrictions, if any _____

What do you expect for the program?