



Application for Homestay Approval

_____ Applicant Full Name _____ Co-Applicant Full Name

_____ Date of Application _____ Address

_____ Phone Number _____ City _____ State _____ Zip Code

Please list all individuals living in house and their relationship to applicant:

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____

Preliminary Questions

What languages do you speak at home? _____

Briefly summarize why you are interested in hosting a child.

What time of year are you interested in hosting for? Spring Semester (Jan-May) Other: _____
 Summer (June-Aug) _____
 Fall Semester (Sep-Dec) _____

What lengths of time are you interested in hosting a student for? (Check all that apply)

<input type="checkbox"/>	1 Month or Less	<input type="checkbox"/>	6 Months to 1 Year
<input type="checkbox"/>	1 to 3 Months	<input type="checkbox"/>	Greater than 1 Year
<input type="checkbox"/>	3 to 6 Months		

What gender student are you interested in hosting? Male Female Either
 How many students are you interested in hosting? One Two Either
 What age students are you interested in hosting? 12-14 15-18 18-22



Background Questions

Do you have any medical conditions
that may make hosting difficult?

Have you ever been convicted of a
crime other than a traffic violation?

Have you ever tested positive on a drug
test?

Response Questions

Please answer these questions as honestly as possible, if you should
need more space, use the back or a separate sheet of paper.

What excites you most about hosting a student?

What is your view on discipline?

Have you ever hosted a foreign student before?

(If Yes, Please Elaborate)

Have you spoken with your family about hosting?

What is their opinion?

I, _____, certify that, to the best of my knowledge the above information is correct
and entirely truthful.

Signature

Date