

## **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 relationship to ap					
		Name	Relationship		
Name	Relationship	Name	Relationship		
Name	Relationship	Name	Relationship		
Name	Relationship	Name	Relationship		
Preliminary Question	ns				
What languages do you speak	at home?				
Briefly summarize why yo interested in hosting a cl					
What time of year are you inte	<u> </u>	Semester (Jan-May) Other:			
hosting for?	<b></b>	er (June-Aug) mester (Sep-Dec)			
What lengths of time are you i	nterested in hosting a	1 Month or Less	6 Months to 1 Year		
student for? (Check all that ap	ply)	1 to 3 Months	Greater than 1 Year		
		3 to 6 Months			
What gender student are you in the work age students are you into the work age students are you into the work age students are you into the work age.	terested in hosting?	Male Female One Two 12-14 15-18	Either Either		



## Background Questions

Do you have any medical condition that may make hosting difficult				
Have you ever been convicted of crime other than a traffic violatio				
Have you ever tested positive on a test?				
Response Questions  What excites you most about hosti	Please answer these need more space, use	•	rate sheet of paper	r.
What is your view on discipline?				
Have you ever hosted a foreign stud	dent before?			
(If Yes, Please Elaborate)				
Have you spoken with your family a What is their opinion?	about hosting?			
Contif	iv that to the heat of n	ov knowlodgo the ak	oovo information is	correct
I,, certif and entirely truthful.	y that, to the best of h	iy kilowledge tile dt	ove illioilliation is	COTTECT
Signature			Date	