

Student Name _____

I am applying for the 5-month program
 10-month program
beginning in August 200_____
 January 200_____
 January 200_____
 January 200_____

The Center for Cultural Interchange welcomes participants and hosts of every race, nationality, creed, socio-economic status and religion.

Glue or paste (do not staple) one photograph of you **SMILING.**

This photo will be the first thing your potential host family will see. It will make a very big impression!

PLEASE PRINT

Family name	First name(s)	[Name as it appears on your passport.]
Middle name(s)		
Street/apt	City	
State/province	Postal code	Country
Telephone No + Area Code	Fax number	E-mail
Nationality	Country of Birth	City of Birth
Legal permanent resident of (country)		
Date of Birth (mm/dd/yy)	Age	<input type="checkbox"/> Male <input type="checkbox"/> Female

FATHER

Family name	First name(s)
Address/apt	City
State/province	Postal code
Country	Country
Occupation	Business Tel
	Business E-mail

MOTHER

Family name	First name(s)
Address/apt	City
State/province	Postal code
Country	Country
Occupation	Business Tel
	Business E-mail

BROTHERS' NAMES	Age	Sex	SISTERS' NAMES	Age	Sex
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

FRIENDS/RELATIVES IN THE USA

Family name	First name(s)
Address/Street	City
State	ZIP Code
	Home Tel

Relationship to you (List additional names and contact information for family and friends in the U.S. on a separate piece of paper.)

For CCI use only:
Stu. ID No. _____ Next Ac. Year _____ English test type _____, score _____ Date App. received in U.S. _____
 Passport copy or birth certificate copy received

Student Name _____



YOUR PERSONAL HISTORY

Clubs or groups to which you belong:

Name *Translation or Explanation*

Volunteer or paid work experience:

How do you feel about children five (5) years old and younger?

I like them very much I like them I have no experience with this age group I am not entirely comfortable with them

Please explain:

Have you ever lived away from your home and family? *If so, please describe circumstances.*

Have you or a sibling taken part in a program with another exchange?

Who?	City and Country of Homestay	Organization	Dates
Do you attend religious services?	<input type="checkbox"/> Yes	<input type="checkbox"/> Sometimes <input type="checkbox"/> Seldom	<input type="checkbox"/> Never
Would you participate in religious services with a family who would like you to do so?	<input type="checkbox"/> Yes	<input type="checkbox"/> Sometimes <input type="checkbox"/> No	<input type="checkbox"/> I prefer to attend services of my own religious affiliation

What is your religious preference? *(If none, please write none.)* _____

Do you smoke? Yes No

Do you understand that students are not permitted to smoke while participating on the Academic year program? Yes No

Note: *In the United States it is illegal for anyone under 18 years of age to purchase cigarettes. Furthermore, most high schools in the U.S. do not permit smoking on high school grounds.*

Can you adjust to a home where others smoke? Yes No

Do you have any allergies to medications, food, animals, pollen, etc? *If yes, please explain fully:* Yes No

Is your diet restricted by food allergies, religious or self-imposed beliefs (e.g. vegetarianism)? Yes No

If yes, please explain fully: _____

If vegetarian, would you be willing to eat meat/poultry/fish while in your homestay? Yes No

If vegetarian, would you be willing/able to prepare your own meals while in your homestay? Yes No

If you are not vegetarian, could you adjust to living with a family that is vegetarian? Yes No

Do you have one steady, romantic boy/girlfriend? Yes No

If yes, how do you feel about being separated from this person for such a long time? _____

Do you have a pet? If yes, what kinds? Yes No _____

Can you adjust to a home with an indoor pet? Yes No

Are you afraid of any pets? *If yes, what kinds?* Yes No _____

Student Name _____



YOUR LEISURE TIME ACTIVITIES

Sports

Please check the box in front of those sports in which you have some interest, as follows:

- 1. Do not play but would like to learn
- 2. Participate but non-competitively
- 3. Compete in this sport (e.g. on a team or in a club)

1 2 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Aerobics <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Badminton <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Baseball <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Basketball <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Bicycling <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Bowling <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Camping <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fishing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Football (American)	1 2 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Golf <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Gymnastics <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Horseback riding <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hunting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ice hockey <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Field hockey <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ice skating <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Inline skating <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Martial arts	1 2 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ping Pong <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Roller skating <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rowing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sailing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Skiing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Soccer <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Surfing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Swimming <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Tennis	1 2 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Track and field <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Volleyball <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Water skiing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Weightlifting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Wind surfing <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Wrestling Other (list) _____ _____
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The Arts

Please check the box in front of those activities in which you have some interest, as follows:

- 1. Have no experience, but would like to try
- 2. Currently participating in this activity

1 2 <input type="checkbox"/> <input type="checkbox"/> Attending theater <input type="checkbox"/> <input type="checkbox"/> Ballet <input type="checkbox"/> <input type="checkbox"/> Ballroom dancing <input type="checkbox"/> <input type="checkbox"/> Calligraphy <input type="checkbox"/> <input type="checkbox"/> Drama (acting, set building)	1 2 <input type="checkbox"/> <input type="checkbox"/> Drawing or Painting <input type="checkbox"/> <input type="checkbox"/> Instruments: _____ <input type="checkbox"/> <input type="checkbox"/> Jazz dancing <input type="checkbox"/> <input type="checkbox"/> Listening to classical music <input type="checkbox"/> <input type="checkbox"/> Listening to popular music	1 2 <input type="checkbox"/> <input type="checkbox"/> Photography <input type="checkbox"/> <input type="checkbox"/> Playing in an orchestra <input type="checkbox"/> <input type="checkbox"/> Playing music <input type="checkbox"/> <input type="checkbox"/> Pottery <input type="checkbox"/> <input type="checkbox"/> Singing	1 2 <input type="checkbox"/> <input type="checkbox"/> Other (list) _____ _____ _____
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Other Hobbies and Interests

1 2 <input type="checkbox"/> <input type="checkbox"/> Baking <input type="checkbox"/> <input type="checkbox"/> Beach <input type="checkbox"/> <input type="checkbox"/> Chess <input type="checkbox"/> <input type="checkbox"/> Collecting <input type="checkbox"/> <input type="checkbox"/> Computers/Internet <input type="checkbox"/> <input type="checkbox"/> Cooking <input type="checkbox"/> <input type="checkbox"/> Gardening <input type="checkbox"/> <input type="checkbox"/> Greenheart Environmental Activities	1 2 <input type="checkbox"/> <input type="checkbox"/> Handicrafts <input type="checkbox"/> <input type="checkbox"/> Indoor games <input type="checkbox"/> <input type="checkbox"/> Knitting <input type="checkbox"/> <input type="checkbox"/> Model building <input type="checkbox"/> <input type="checkbox"/> Movies <input type="checkbox"/> <input type="checkbox"/> Outdoor activities <input type="checkbox"/> <input type="checkbox"/> Politics <input type="checkbox"/> <input type="checkbox"/> Puzzles <input type="checkbox"/> <input type="checkbox"/> Reading	1 2 <input type="checkbox"/> <input type="checkbox"/> Scouting <input type="checkbox"/> <input type="checkbox"/> Sewing <input type="checkbox"/> <input type="checkbox"/> Student government <input type="checkbox"/> <input type="checkbox"/> Student newspaper <input type="checkbox"/> <input type="checkbox"/> Television <input type="checkbox"/> <input type="checkbox"/> Visiting historic sites <input type="checkbox"/> <input type="checkbox"/> Visiting museums <input type="checkbox"/> <input type="checkbox"/> Watching sports <input type="checkbox"/> <input type="checkbox"/> Writing poetry	1 2 <input type="checkbox"/> <input type="checkbox"/> Writing prose <input type="checkbox"/> <input type="checkbox"/> Other (list) _____ _____ _____
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IMPORTANT: If this section is not completed, the application will not be processed.

Of all the activities above, or others, list below the four activities in which you spend most of your time outside of school.

Explain what you do, why you enjoy it and how much time you spend on it. Please continue on a separate piece of paper if necessary.

1. _____

2. _____

3. _____

4. _____

