

INTERNATIONAL FRIENDSHIP PROGRAM HOST FAMILY APPLICATION

DATE: _____

The Information that you provide helps the committee assign you to a student with similar or compatible interests.

Name/Names: _____
Last First Telephone

Address: _____
Street City/State Zip E-Mail address

Occupation/s: _____

Name and ages of any children living at home: _____

Languages spoken in the family: _____

What organizations, hobbies, and special interests involve the family? _____

What international travel or experiences have you had? _____

Preferences:

We would prefer a Male Female Couple Family

Would you be interested in a short-term student, from 8 weeks to 1 semester? Yes No

A Student from which countries? _____

Reason for preferences: _____

Why do you want to be a part of this program? _____

Our family would be willing to help with:

Serve on Host Family committee Thanksgiving Potluck (Fall) Spring Social Plan a special event

Other _____

Have you participated in the International Friendship Program before? _____

If so, for how long? _____

Please return this form to:

International Friendship Program
Pramod Sarin
1133 South Hill Drive
Waterloo, IA 50701

sarinpramod@uni.edu