



Partners in Learning

Across Cultures

International Homestay Application

HOST FAMILY INFORMATION

(Please type or print clearly in ink)

Last Name _____ Husband _____ Wife _____

Marital Status: Married Divorced Separated Widowed Single

Address _____ City _____ State _____ Zip _____

Home Telephone (____) ____ - _____ Fax (____) ____ - _____

Primary Email _____ Secondary Email _____

Father's Age _____ Work Phone (____) ____ - _____ Occupation _____

Mother's Age _____ Work Phone (____) ____ - _____ Occupation _____

Emergency Contact Name _____ Emergency Telephone (____) ____ - _____

Children's Names –Please list all	Gender	Birthdate (mm/dd/year)	Live at home?
	<input type="checkbox"/> Male <input type="checkbox"/> Female	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Male <input type="checkbox"/> Female	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Male <input type="checkbox"/> Female	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Male <input type="checkbox"/> Female	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Male <input type="checkbox"/> Female	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No

FAMILY INTERESTS

(Check 1 box for occasional activities, 2 boxes for regular activities)

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> <input type="checkbox"/> Swimming | <input type="checkbox"/> <input type="checkbox"/> Martial Arts | <input type="checkbox"/> <input type="checkbox"/> Computers | <input type="checkbox"/> <input type="checkbox"/> Dance (Specify) _____ |
| <input type="checkbox"/> <input type="checkbox"/> Boating/Sailing | <input type="checkbox"/> <input type="checkbox"/> Bowling | <input type="checkbox"/> <input type="checkbox"/> Bible Studies | <input type="checkbox"/> <input type="checkbox"/> Music (What Kinds?) _____ |
| <input type="checkbox"/> <input type="checkbox"/> Fishing | <input type="checkbox"/> <input type="checkbox"/> Hiking/Walking | <input type="checkbox"/> <input type="checkbox"/> Camping | <input type="checkbox"/> <input type="checkbox"/> Reading |
| <input type="checkbox"/> <input type="checkbox"/> Tennis | <input type="checkbox"/> <input type="checkbox"/> Jogging | <input type="checkbox"/> <input type="checkbox"/> Cooking | <input type="checkbox"/> <input type="checkbox"/> Concerts |
| <input type="checkbox"/> <input type="checkbox"/> Golf | <input type="checkbox"/> <input type="checkbox"/> Baseball/Softball | <input type="checkbox"/> <input type="checkbox"/> Traveling | <input type="checkbox"/> <input type="checkbox"/> Musical Instruments |
| <input type="checkbox"/> <input type="checkbox"/> Horses | <input type="checkbox"/> <input type="checkbox"/> Fitness/Aerobics | <input type="checkbox"/> <input type="checkbox"/> Movies/Videos | <input type="checkbox"/> <input type="checkbox"/> Arts & Crafts |
| <input type="checkbox"/> <input type="checkbox"/> Soccer | <input type="checkbox"/> <input type="checkbox"/> Shopping | <input type="checkbox"/> <input type="checkbox"/> Theater | <input type="checkbox"/> <input type="checkbox"/> Collecting (specify) _____ |
| <input type="checkbox"/> <input type="checkbox"/> Bicycling | <input type="checkbox"/> <input type="checkbox"/> Photography | <input type="checkbox"/> <input type="checkbox"/> Museums | <input type="checkbox"/> <input type="checkbox"/> Other Interests _____ |
| <input type="checkbox"/> <input type="checkbox"/> Basketball | <input type="checkbox"/> <input type="checkbox"/> Video Games | <input type="checkbox"/> <input type="checkbox"/> Gardening | _____ |

Office Use

ADDITIONAL INFORMATION

Please list the schools you are interested in hosting a student for _____

Religious Affiliation _____ What church do you attend? _____

Is it important the student attend with you? Yes No

Please briefly summarize your church's program, if any, for high school youth:

To what extent do you participate in community service projects? Often Sometimes Seldom

Do you have pets? If so, what kind? How Many? _____ indoors or outdoors? _____

Is smoking allowed? Yes No Does anyone in your family smoke? If so, who? _____

Has your family hosted before? Yes No If yes, for what period of time? _____

Where was the student from? _____

Does anyone in your family converse in another language? Yes No

If so, what language? _____ How well? Fluent Some A little

Approximately how many miles away from your current high school campus do you live? _____

What means of transportation would the student use to get to school? Car School bus Walk/bike

Describe the area where you live: Rural/country Suburban Urban/city

Briefly describe the neighborhood: _____

How do you anticipate your international student will get to school and back home each day?

As host family parents would you be willing to serve as the student's legal guardian, making ultimate decisions about education, health, and general welfare. Yes No Unsure

HOSTING PREFERENCES

We can host: Boy Girl Either More than 1 student

Age Preference: 13-14 15-16 17-18 doesn't matter College

Previous participant: Would you host a student who has previously been to the U.S? Yes No

Please list any other preferences that you would like considered:

RELATED INFORMATION

Will the student have his/her own room? Yes No (Student's own room is preferred, but not required)

Do you have wireless internet service available? Yes No

A few students may have dietary restrictions for a variety of reasons (i.e. vegetarian).

Could your family accommodate such a student without any inconvenience? Yes No

Comment: _____

Will your student have the opportunity to meet other teenagers? _____

Will there be others staying in your home during the student's stay? _____

Would you host a student who would like to participate in extra curricular activities? Yes No

Please share briefly why you are interested in hosting an international student:

FAMILY REFERENCES

Please list two references that know your family very well. We suggest your clergy, teacher, co-worker, family friend and neighbors. Please do **NOT** use relatives.

Name	Telephone () -	
Address		
City	State	Zip code
Name	Telephone () -	
Address		
City	State	Zip code

The 1st stipend payment will be sent once the student arrives in the U.S. and will continue each month until the student leaves the care of the host family. The stipend will be paid on or before the 1st of each month. There are a total 10 payments for the full year or 5 payments for 1 semester.

Initial here: _____

FOR TAX PURPOSES: Your Tax ID# or SS # _____

I certify that all the information is provided is true and correct to the best of my knowledge.

Applicant's signature _____ Date _____

Application return options:

Mail to:
 Partners in Learning
 2065 Treeridge Dr.
 Grand Rapids, MI 49508

Scan and email to:
rod@partnersinlearning.org
info@partnersinlearning.org