



Fostering linguistic, academic, and cross-cultural success

Indiana State University

HOMESTAY APPLICATION

To print this application, use your browser's print option. Then use a pen to clearly print all the information requested below.

Fill out this application ONLY if you wish to stay with a family. [L]
[SEP]

Please note the following important information:

- Enclose with this application a non-refundable \$200.00 homestay placement fee and two recent photos
- INTERLINK must receive this application 4-8 weeks before your arrival. [L]
[SEP]
- The homestay cost is approximately \$600.00 each month, depending on location.
[L]
[SEP]
- Upon arrival, you will be required to pay a \$300 deposit. This deposit will be refunded if you leave the home with a two-week advance notice and if there are no outstanding charges, such as telephone bill.
- If your plans change or you cannot come on the date for which you have registered, notify us immediately.

Check the term you wish to begin:

Spring 1 Spring 2 Summer Fall 1 Fall 2

Check the year you wish to begin:

2017 2018 2019

1. Name: _____
Family First

2. Sex: Male Female

3. Address:

_____ Street Address or P.O. Box

_____ Postal code/City/Country

4. Date of Birth: Day Month Year

5. Nationality: _____

6. Native language: _____

7. Your English conversational ability (Circle one):

Very good Good Fair Poor None

8. Level of education completed:

Secondary University Post Graduate

9. What is your present or future occupation? _____

10. How long will you stay with your host family? (Circle one)

1 term 2 terms more than 2 terms

11. Do you have a religious preference? _____

12. Please check the appropriate box:

Do you wish to stay with a family that has the following:
(preferences cannot always be accommodated)

Small children? Yes No No Preference^[L]_[SEP]

Has a dog? Yes No No Preference^[L]_[SEP]

Has a cat? Yes No No Preference^[L]_[SEP]

Smokes? Yes No No Preference

13. Do you smoke? Yes No

14. Do you drink alcoholic beverages? Yes No

15. Please list any foods that you cannot eat or allergies or medical problems that you may have:

16. If you have any difficulties walking or other physical conditions that your homestay family should know about, please describe:

17. Person to contact in an emergency:

Name: _____

Phone: _____

18. On a separate sheet of paper, please tell your host family about yourself, your hobbies, interests, plans, etc.

Signature of applicant

Signature of Parent or Guardian^[L]_[SEP]

Date