



World Learning



Learn. Engage. Connect.

U.S. EXCHANGE PROGRAM HOST FAMILY APPLICATION

A Program of the Office of Citizen Exchanges, Youth Programs Division
Bureau of Educational and Cultural Affairs, U.S. Department of State

U.S. EXCHANGE PROGRAM HOST FAMILY APPLICATION

Applications may be faxed, mailed, delivered, or emailed to:

Brian Easley, World Affairs Council of Kentucky & Southern Indiana
 200 W. Broadway, Suite 607
 Louisville, KY 40202
 Email: brian.easley@worldkentucky.org
 Fax: (502) 540-5628

For more information on program specifics, contact the office above.

PARENT 1/GUARDIAN INFORMATION

Parent/Guardian Name	
Last	First

Date of Birth		Age		Sex	Male	Female
Month/Day/Year					Circle One	

Place of Birth		Country of Citizenship	
City and State/Country			

Permanent Address	
Number	Street
City	State
Zip Code	

Permanent Telephone	
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Name of Employer	
Work Address	
Job Title	
Telephone/Email	

Cell phone	
Email address	

PARENT 2/GUARDIAN INFORMATION

Parent/Guardian Name	
Last	First

Date of Birth		Age		Sex	Male	Female
Month/Day/Year					Circle One	

Place of Birth		Country of Citizenship	
City and State/Country			

Permanent Address	
Number	Street
City	State
Zip Code	

Permanent Telephone	
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Name of Employer	
Work Address	
Job Title	
Telephone/Email	

Cell phone	
Email address	

BACKGROUND INFORMATION

Please list all persons living in household.

Name	Age	Relationship to you	If over the age of 18, please include SS# for background checks. Please include yourself in this list.
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Where did you first hear about the exchange program?

Why do you and your family wish to participate in this exchange program as hosts?

Indicate foreign language background.

Indicate religious affiliation/background.

Please list/describe your interests or hobbies, including the hobbies and interest of your child/children.

Please describe the physical environment of your home.

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Have family members lived/traveled/studied abroad? If so, please describe whom, where, and when.

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Please list any pets you have in your home.

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Are there any additional comments you have?

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Please list two personal references un-related to family members.

Name		
	Last	First

Permanent Address	
	Number Street City State Zip Code

Permanent Telephone	
Business Telephone	
Relationship to you	

Name		
	Last	First

Permanent Address	
	Number Street City State Zip Code

Permanent Telephone	
Business Telephone	
Relationship to you	

APPLICANT APPROVAL

I agree that all of the information in this application is true and I agree that if chosen to participate, I will abide by the *Homestay Guidelines*. Moreover, I and any household members over the age of 18 agree to undergo a background check as is required by the program.

Printed Name	Signature	Date

Printed Name	Signature	Date