

# International Student Admissions

## STUDENT PROFILE - for placement with host family

Full Name \_\_\_\_\_

Date of application (month/day/year) \_\_\_\_\_

Describe the reason you want to study abroad. \_\_\_\_\_

Living in a foreign country can be difficult. Why do you feel you are mature enough to live in a foreign country? \_\_\_\_\_

Why do you want to live with a host family? \_\_\_\_\_

What do you expect from your Host Family relationship? What can you contribute to this relationship? \_\_\_\_\_

What do you want to learn from a host family? \_\_\_\_\_

How close do you want to be to the school? 5-10 minutes 10-20 minutes Any

Are you looking for an urban or rural setting? Do you care? \_\_\_\_\_

Most American families have a pet either in or outside of their home. Do you like animals? Yes  No

Do you have any special diet or food restrictions? Allergies? \_\_\_\_\_

### ACTIVITIES & INTERESTS In this section, place an "X" in the box in front of your interests. Give details as needed.

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Playing Sports<br>_____  | <input type="checkbox"/> Camping<br><input type="checkbox"/> Bicycling<br><input type="checkbox"/> Martial Arts<br><input type="checkbox"/> Skateboarding<br><input type="checkbox"/> Skiing<br><input type="checkbox"/> Snowboarding<br><input type="checkbox"/> Sailing<br><input type="checkbox"/> Surfing<br><input type="checkbox"/> Windsurfing<br><input type="checkbox"/> Debating<br><input type="checkbox"/> Drama/Acting | <input type="checkbox"/> Singing<br><input type="checkbox"/> Dancing<br><input type="checkbox"/> Playing instrument(s)<br><input type="checkbox"/> Music-Listening<br><input type="checkbox"/> Computers<br><input type="checkbox"/> Video Games<br><input type="checkbox"/> Going to Movies<br><input type="checkbox"/> Board Games<br><input type="checkbox"/> Traveling<br><input type="checkbox"/> Photography<br><input type="checkbox"/> Visiting Museums | <input type="checkbox"/> Gardening<br><input type="checkbox"/> Cooking<br><input type="checkbox"/> Crafts<br><input type="checkbox"/> Writing<br><input type="checkbox"/> Drawing<br><input type="checkbox"/> Painting<br><input type="checkbox"/> Reading<br><input type="checkbox"/> Other<br>_____<br>_____ |
| <input type="checkbox"/> Watching Sports<br>_____   |   |   |  |
| <input type="checkbox"/> Running<br><input type="checkbox"/> Hiking<br><input type="checkbox"/> Fishing |   |   |  |

### PERSONALITY In this section, place an "X" in the box by the personality traits you believe describe you.

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Active<br><input type="checkbox"/> Bright<br><input type="checkbox"/> Curious<br><input type="checkbox"/> Friendly<br><input type="checkbox"/> Humorous<br><input type="checkbox"/> Independent | <input type="checkbox"/> Intelligent<br><input type="checkbox"/> Mature<br><input type="checkbox"/> Motivated<br><input type="checkbox"/> Open<br><input type="checkbox"/> Optimistic<br><input type="checkbox"/> Organized | <input type="checkbox"/> Patient<br><input type="checkbox"/> Quiet<br><input type="checkbox"/> Realistic<br><input type="checkbox"/> Reliable<br><input type="checkbox"/> Reserved<br><input type="checkbox"/> Respectful | <input type="checkbox"/> Responsible<br><input type="checkbox"/> Shy<br><input type="checkbox"/> Spontaneous<br><input type="checkbox"/> Studious<br><input type="checkbox"/> Talkative |
|--|---|---|---|

What other information would you like to share about yourself? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_