



Center for International Studies International Friendship Program Friendship Family Application

Today's date ____ / ____ / ____

Friend/Family Household Information:

Last Name _____ First Name _____

Spouse/Partner Name (if applicable) _____

Email Address: _____

Home Address: _____

Phone (home): _____ Phone (cell): _____

Children (names, age, gender): _____

Pets (type, indoor/outdoor, how many): _____

Dietary preferences/restrictions: _____

Hobbies/Interests/Skills:

Have you traveled/lived abroad? (explain) _____

Do you speak any languages in addition to English? (explain) _____

Interests, hobbies, goals, travel experience, etc. (this information helps in matching with a student; please be specific):

Why would you like to participate in the International Friendship Program? _____

How did you learn about the International Friendship Program? _____

Are you interested in helping plan community events and/or recruiting new families to the IFP? ____ Yes ____ No

Student Preference:

Gender: ____ Male ____ Female ____ No preference

Children: ____ Student(s) with children ____ Student(s) without children ____ No preference

Student: ____ Degree-Seeking Student ____ Short-Term Exchange Student ____ Scholar

Would you be willing to be matched with a student whose English skills may be minimal? ____ Yes ____ No

How many students would you like to be matched with? _____

Any other preferences: _____

Thank you for your interest in the International Friendship Program!

Please return form by fax, mail, or email to:

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Tel: 1-320-308-4287. Fax: 320-308-4223. Email: iss@stcloudstate.edu