



Center for International Studies International Friendship Program Student/Scholar Application

Today's date ____ / ____ / ____

Student Information:

Family Name _____ First Name _____

Home Country _____ Citizenship (if different) _____

____ Female ____ Male Email Address: _____

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

Major: _____ Expected Graduation Date: _____

Degree Type: ____ Undergraduate Student ____ Graduate Student ____ Exchange Student ____ Scholar

Dependent Information (if applicable):

Spouse/Partner Name: _____

Children (names/age/gender): _____

Hobbies/Interests/Skills:

In what countries have you lived? _____

What language(s) do you speak? _____

Dietary preferences/restrictions (if applicable): _____

Do you like pets? ____ If so, what kind? _____

List interests, hobbies, goals, travel experience, etc. (this information will help in matching you with a friend/family, so please be specific): _____

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

Family preference (if applicable):

____ No children ____ Children under age 10 ____ Children age 10+ ____ No preference

Any other information about matching preferences: _____

Thank you for your interest in the International Friendship Program!

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

Center for International Studies, Lawrence Hall 101, Saint Cloud State University, 720 4th Avenue South, Saint Cloud, MN 56301
Tel: 1-320-308-4287. Fax: 320-308-4223. Email: iss@stcloudstate.edu