MILLIKIN UNIVERSITY Center for International Education

Host Family Program \blacklozenge **Family Application**

	Date:		
Names(s):			
Home Phone:		Email address	:
Occupation(s) or Car	eer Field(s):		
Names and ages of children living at home (if applicable):			
Hobbies and special interests:			
Types of activities you would enjoy sharing with your student:			
Languages spoken: _			
Countries traveled in:			
In your household are there: Only Non-Smokers Some Smokers			
Student Preference:	□ Male	□ Female	□ No Preference
	□ Smoker	□ Non-Smoker	□ No Preference
Please list any indoor	pets:		

How often do you anticipate spending time with your student?

□ Weekly □Twice Monthly □Once Monthly □Only for occasional special events □ No preference

NOTE: Some of our students indicate a religious affiliation which they would like to continue while at Millikin University. If you wish, you may indicate a religious affiliation, but this is not required.



Please return this form to: Kate Blackburn Center for International Education Millikin University 1184 West Main Street Decatur, IL 62522 Please use the back of this sheet for any comments or special requests that may help us in assigning your student. Thank you for your support of the Host Family Program!

For more information, call 424-3758.