SPRING INTERNATIONAL LANGUAGE CENTER
HOST FAMILY APPLICATION

Please Attach Photo Here

If you want to live with an American host family while you are enrolled at Spring International, please complete this form and mail or fax it to:

(Please type or print)

Spring International Language Center
900 Auraria Parkway, Tivoli Bldg Suite 454
Denver, Colorado 80204 USA
Fax: **(303) 534-2424** Email: infoaur@spring.edu

Date today: _____

Questions? Please email Vicky Lambo: vicky@spring.edu

Term you plan to attend: _____ **Date you plan to arrive:** _____

Family Name: _____ First Name: _____ Sex: ☐ Female ☐ Male

Home Address: _____
Number and Street City Country Telephone

Date of Birth: _____ / _____ / _____ Native Language: _____ Religion: _____
Month Day Year

Email Address: _____ Married? ☐ Yes ☐ No

PERSONAL INFORMATION

Foods you cannot eat: _____ Foods you like a lot: _____

Health problems, if any (allergies, etc.): _____

English listening and speaking ability: ☐ Poor ☐ Fair ☐ Good ☐ Excellent

Do you smoke? ☐ Yes ☐ No If yes, are you willing to smoke outside? ☐ Yes ☐ No

Please describe yourself: ☐ Shy ☐ Friendly ☐ Studious ☐ Independent Other: _____

_____

Why do you want to live with an American family? _____

_____

PERSONAL INTERESTS AND HOBBIES

☐ Exercise ☐ Movies ☐ Shopping ☐ Dancing ☐ The Arts ☐ Travel ☐ Camping

☐ Watching sports ☐ Playing sports (list): _____

☐ Listening to music (what kind): _____

☐ Playing a musical instrument (which ones): _____

☐ Other interests: _____

PLACEMENT PREFERENCES

(We cannot guarantee that all of these will be met)

Do you want to live with a family with children? ☐ Yes ☐ No ☐ Not Important

Are there pets (dogs, cats) that you don't like? ☐ I don't like dogs ☐ I don't like cats ☐ Any pets are okay with me

Other preferences: _____

Please note that you will not be notified of your host family placement until approximately two weeks before your arrival in the United States.