



(Attach photo here)

Please number the locations that you are most interested in visiting. #1 being most interested. Do not leave any fields empty.							
	China		France		Italy		Spain

**Qualifications and Requirements:**

- Applicants must have completed 9<sup>th</sup> grade by the time of the travel
- Applicants who have completed high school are not eligible to apply
- Applicants may currently be in their senior year and graduate prior to the travel date
- Winner’s family must agree to host a Compass USA student or direct exchange with AILI the same summer of travel
- Winner will write an account of their trip with photos as well as a short video summary of their trip. This information needs to be sent to Compass USA within two weeks of return

**Qualified applicant must include the following items to create a completed application package:**

- Current color photograph
- Typed AILI Application (Please do not leave any empty fields. Use N/A when not applicable).
- Medical Health History
- Applicant Agreement Form
- Parent Release Form
- Blog/Photo Waiver
- Two Letters of Recommendation
  - The **two letters of recommendation** should include one from a teacher and one from a cultural source (coach, art teacher, language teacher, other)
- Project about a country or culture that is of interest
  - This entry can be a poem, an essay, a story, a picture, photograph, 3-d art piece, etc. that expresses your feelings about this culture.
  - Art projects may be photographed, songs or other oral compositions may be recorded and submitted digitally
- Host family letter written in English with photos
- Host Family application
- Copy of current passport (if you have one)

No student application will be considered unless all parts of the application package are completed and received by **February 18<sup>th</sup>, 2019**. Application package should be submitted as single attachment to [ailicontact@gmail.com](mailto:ailicontact@gmail.com).

**Post Application Process**

Candidates will be selected after the AILI board reviews the application package and will be invited for an interview on the week of February 26<sup>th</sup> -28<sup>th</sup>, 2019 Applicants must be available during their scheduled interview time slot. Final selection will be based on the application package and interview as a whole. The scholarship recipients will be selected and announced on March 1<sup>st</sup>, 2019. Dates will vary for the cultural homestay travel between June 15<sup>th</sup> and August 15<sup>th</sup> depending upon destination and availability.

Please make sure everything is included in your application. Unfortunately, if all of these items are not turned in by **February 18<sup>th</sup>, 2019** you will not qualify for the scholarship. Don’t miss out on this wonderful opportunity!

## STUDENT APPLICATION

Legal Last Name	
Legal First Name	
Nickname	
Address (CITY, STATE, ZIP CODE)	
Phone Number	
Email	
Skype ID	
Date of Birth	
Age	
Gender	
Are you a US Citizen?	Yes <input type="checkbox"/> No <input type="checkbox"/> If no, are you a Permanent Resident? <input type="checkbox"/>
For Visa purposes if Permanent Resident, please list nationality	
List the year(s) you have hosted in the past if any	
Program Coordinator's Name	
Father's Legal Name	
Cell Phone Number	
Email	
Occupation	
Mother's Legal Name	
Cell Phone Number	
Email	
Occupation	

EMERGENCY CONTACT (not residing in the home)	
Legal Name	
Cell Phone Number	
Email	

SIBLINGS	
Names	Ages

<b>Language(s) spoken at home</b>	
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OTHER LANGUAGE PROFICIENCY					
(Please list all languages you have studied and rate your ability, using E = excellent, G = good, F = fair, P = poor)					
Language	Years Studied	Reading	Writing	Speaking	Listening

PERSONAL INFORMATION			
Have you ever lived or traveled outside of your home country?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, where and when?			

SCHOOL ATTENDANCE	
What school are you currently attending?	
Grade Level (2018-2019)	
Other interests in school	

FUTURE PLANS			
Do you intend to continue your education upon completion of high school?	Yes		No
What do you intend to study?			
What are your future career goals?			

**Interests and Hobbies**

Please mark (X) all the things that you enjoy and mark (XX) the three activities that occupy most of your time.

INTERESTS AND HOBBIES				
(Please mark (X) all the things that you enjoy and mark (XX) the three activities that occupy most of your time)				
Reading		Watching Sports		Social Dancing
Watching TV		Snowboarding		Dance (ballet, jazz, etc.)
Movies		Skiing		Singing
Sewing		Hiking		Playing Piano
Cooking		Bicycling		Playing Guitar
Tennis		Swimming		Playing instrument (please name):
Photography		Orchestra/Band		Painting/Drawing
Basketball		Gymnastics		Listening to Rock music
Track & Field		Volleyball		Listening to Jazz music
Baseball		Football		Listening to Classical music
Indoor Games		Softball		Listening to music
Social Clubs		School Clubs		Religion
Other:				

<p><b>Why did you apply for this scholarship program?</b></p>          
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<p><b>Describe your expectations of a homestay:</b></p>          
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## HEALTH HISTORY

Please check and give approximate dates and/or details

Chicken Pox		Asthma		Fainting		<b>Allergies</b>	
Measles		Frequent Ear Infections		Bedwetting		Hay Fever	
German Measles		Heart Disease/Defect		Constipation		Ivy Poisoning, etc.	
Mumps		Convulsions		Sleeping Disorder		Insect stings	
Rheumatic Fever		Epilepsy		Emotional Behavior		Penicillin	
Tuberculosis		Diabetes		Arthritis		Other Drugs	
Kidney		Bleeding/Clotting Disorders		Disability or recurring illness		Food	
Hypertension		Mononucleosis		Abnormal Menstruation or PMS		Other (please list)	
Psychiatric Treatment		Eating Disorder		Autism or other disability			
Other (please explain)							

Please describe conditions and give dates

Operations or serious injuries				
Hospitalizations:				
Other diseases/disabilities				
The child is under the care of a physician for the following condition(s)				
Any treatment to be continued during the homestay program	Yes		No	
Recommendations and Restrictions during the Program – please list and explain:				
<p><b>PLEASE LIST CURRENT MEDICATIONS BEING TAKEN - INCLUDE DOSAGE AND ANY POTENTIAL HARMFUL INTERACTIONS (e.g. food, medications, environmental)</b></p>				

This **health** history is complete and accurate. My child has permission to engage in all activities, except as noted by me and the examining physician.

\_\_\_\_\_  
Print Parent Name

\_\_\_\_\_  
Date

### APPLICANT AGREEMENT

If selected, I agree to do the following:

- To treat my host family with respect
- Follow my host family's daily schedule
- Help with household chores (make my bed every day, pick up after myself etc.)
- Complete a report with photos at the conclusion of my homestay experience and submit it to AILI ([ailicontact@gmail.com](mailto:ailicontact@gmail.com)) within two weeks after I return home

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### PARENTAL AGREEMENT

My child has my permission to apply for and to participate in a scholarship exchange program sponsored by AILI, American International Learning Institute, Compass USA and their partners.

Our family agrees to the following terms:

- We understand that we agree to host a scholarship recipient or other short-term homestay participant in the summer of 2019. If our child has the opportunity to participate in a mutual exchange program, we agree to host the student whose family hosts our child. *(Please note that Compass USA tries to make this a genuine exchange; so that your child is hosted by a scholarship winner's family from another country and your family in turn will host the scholarship winner. This is not always possible, but it is our goal.)*
- We understand that we will not receive a homestay stipend for hosting a scholarship student.
- We understand that we are responsible for airport transfers in the USA, personal spending money, passport or and any necessary visas (required for China).
- If our child misses his/her flight, we understand that we will be responsible for covering any costs that may be incurred to rebook the flight. If our child fails to travel on the scholarship program, we will be responsible to reimburse AILI for the flight cost.
- We understand that we are responsible for any UM required airline fees for our child.
- We understand that we will pay a \$75 travel deposit prior to receipt of our child's flight information. This deposit will be refunded upon receipt of our child's letter, photos and video summary submitted to AILI within two weeks after our child's return to the USA. If our child fails to submit these documents, the \$75 will be donated to AILI.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### Photo and Blog Release Waiver

- I hereby grant AILI permission to use my essay answers and my likeness in a photograph in any and all of its publications, including website entries and blogging, without payment or any other consideration. I understand and agree that these materials will become the property of AILI and will not be returned
- I hereby irrevocably authorize AILI and Compass USA to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing AILI or Compass USA programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph
- I hereby hold harmless and release and forever discharge AILI and Compass USA from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization

If the person signing is under age 21, there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of \_\_\_\_\_, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Printed Name \_\_\_\_\_ Date \_\_\_\_\_

### STUDENT HOST FAMILY LETTER INSTRUCTIONS

On the next page please write a letter to your host family (Dear Host Family) in English to introduce yourself. If you are selected, your host family is interested to know about you. Please be sure to write about each of the following topics and feel free to include anything else that you would like to say about yourself.

- Describe your family, home, school and pets
- Describe your responsibilities at home and school. What activities in school and in your community are important to you?
- Explain your reasons for wanting to travel overseas and especially your reasons for wanting to live with an international family
- Describe other experiences where you have been away from home. (Camp, overnight with a friend etc.)
- Attach candid photos of yourself, friends and family

Dear Host Family,



**HOST FAMILY MATCHING FORM**

Student Name: TBD by AILI Staff				Student Number: TBD by AILI Staff					
Student Arrival Date: TBD by AILI Staff				Student Departure Date: TBD by AILI Staff					
Arrival Date with Host Family: TBD by AILI Staff				Departure Date with Host Family: TBD by AILI Staff					
Coordinator: TBD by AILI Staff		Phone Number: TBD by AILI Staff		Email Address: TBD by AILI Staff					
Supervisor: TBD by AILI Staff		Phone Number: TBD by AILI Staff		Email Address: TBD by AILI Staff					
Notes:						Program #:			
						Homestay Community:			
						Airport Code:			
Host Family Name (First & Last)		Area Code & Phone #	Email Address		Street Address		City	State	Zip
Mailing Address (if different than street address)									
Number of years at this address				Previous Address (if less than 3 years)					
Host Father Legal Name									
First Name		Middle Name	Last Name	DOB: MM/DD/YY	Age	Occupation		Work Phone	
								Cell Phone	
Host Mother Legal Name									
First Name		Middle Name	Maiden Name	Last Name	DOB: MM/DD	Age	Occupation		Work Phone
									Cell Phone
Additional Family Members									
First Name		Middle Name	Last Name	Male/ Female	DOB: MM/DD/YY	Age	Interests		
Sleeping Arrangements									
Own Room			Shared Room			If shared, with whom?			
The primary focus of a homestay is the relationship between the participant and host family members. A homestay program is not a "teen" program. The following are locations where you may meet other teens:									
Church Youth Group		Neighborhood Teens		Community Center		Family Members/Friends		Other	
Family Interests Sports Hobbies Activities	Animals	Bicycling	Cooking	Golf	Music	Snow Sports	Travel		
	Art	Boating	Crafts	Horse Riding	Musical Instruments	Soccer	Video Games		
	Baseball	Camping	Dance	Movies	Reading	Swimming	Religion		
	Basketball	Computers	Fishing	Museums	Skating	Tennis	Other		
Family Pets		Dog:		Cat:		Reptile:		Other:	
Smoker in Host Family?					Return Compass USA Host Family?				
OFFICE USE ONLY	B/C	W/E	W/P	F1	F2	CHG	HF DB		