

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

Qualifications and Requirements:

- Applicants must have completed 9th 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
 - Art project must be created exclusively for the AILI Scholarship
- 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 17**th, **2023**. Application package should be submitted as single attachment to ailicontact@gmail.com.

Post Application Process

Candidates will be selected after the AILI board reviews the application package and will be invited for a Zoom interview on the week of February 27th – March 3rd, 2023. 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 6th, 2023. Dates will vary for the cultural homestay travel between June 15th and August 15th 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 17**th, **2023** 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										
Date of Birth										
Age										
Gender										
Are you a US Citizer	1?	Ye	s	No		If no. are v	ou a Perma	nent Resid	ent?	
For Visa purposes if	Permanent		<u>- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1</u>			<u>,, j</u>				
Resident, please list										
List the year(s) you h										
the past if any										
Program Coordinato	r's Name									
Father's Legal Name										
Cell Phone Number	,									
Email										
Occupation										
Mother's Legal Name										
Cell Phone Number										
Email										
Occupation										
Occupation										
			DOENOV OOL	ITAOT (! .!	! ! 4l l	\			
		FINE	RGENCY COM	VIACI (not resid	ing in the no	me)			
Legal Name										
Cell Phone Number										
Email										
				SIBLI	NGS					
Names							Ages			
Language(s) spoke	n at home									
Lunguage(3) Spoke	ii at iioiiic									
			OTHER LAN							
	list all languages			te your a						
Language	Years Stud	ied	Reading		Writ	ting	Speakin	g	List	ening
			DEDGU	NAI ING	ORMATI	ON				
Have you are this d	on trovaled evite:	طم جلان					1	NI.	Т	
Have you ever lived		ue or y	our nome cour	itry?	Y	es		No		
If yes, where and wh	en?									

		SCHOOL ATTENDANO	 E		
What school are you currer	ntly attending?		<u> </u>		
Grade Level (2019-2020)	.,				
Other interests in school					
		FUTURE PLANS			
Do you intend to continue	our education upon	completion of high school?	Yes	No)
What do you intend to stud			1		·
What are your future caree	•				
Titlat are your ratare caree	. godio:				
Interests and Hobbies Please mark (X) all the thing	s that you enjoy and	mark (XX) the three activities	s that oc	cupy most of your time.	
		INTERESTS AND HOBB		-	
		you enjoy and mark (XX) the thr			r time)
Reading	Watching S	·	Social Dar		
Watching TV	Snowboard		,	llet, jazz, etc.)	
Movies	Skiing		Singing		
Sewing	Hiking		Playing Pi		
Cooking	Bicycling		Playing Gu		
Tennis	Swimming		Playing ins Painting/D	strument (please name):	•
Photography	Orchestra/l				
Basketball	Gymnastic				
Track & Field	Volleyball		o Jazz music		
Baseball	Football			o Classical music	
Indoor Games	Softball		istening t	o music	
Social Clubs	School Clu	bs F			
Other:					
100 111 1 0 11					
Why did you apply for thi	s scholarship prog	ram?			
Describe your expectatio	ns of a homestay:				
Documbo your expectation	no or a nomootay.				

HEALTH HISTORY

Please check and give approximate dates and/or details

Chicken Pox	Asthma	Fainting	Allergies
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	aates			
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 of	Juring the Program – please list and	explain:		.1
DI FACE LICT CURRENT MEDICAT	IONO DEINO TAKEN, INOLUDE D	DOAGE AND ANY DOTENTIAL	HADMEH INTEDAC	TIONS (-
PLEASE LIST CURRENT MEDICAT food, medications, environmental)		JSAGE AND ANY PUTENTIAL	. HARMFUL INTERAC	110N5 (е.
,				
This health history is complete and ac examining physician.	curate. My child has permission to er	ngage in all activities, except as	noted by me and the	
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 (<u>ailicontact@gmail.com</u>)
 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 2020. 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	e
Applicant Signature	Date	e
<u> </u>		·

Photo and Blog Release Waiver

- I hereby grant AlLI 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 AlLI 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	t or guardian, as follows:
I hereby certify that I am the parent or guardian of without reservation to the foregoing on behalf of this person.	, named above, and do hereby give my consent
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 I	y AILI S	taff		St	udent	Numb	er: TB[D by AIL	I Staff					
Student Arrival	tudent Departure Date: TBD by AILI Staff														
Arrival Date wit	th Hos	t Family	: TBD by A	ILI Staf	De	partu	re Date	with I	Host Far	nily: TBD	by A	ILI Staff			
Coordinator: Ti	BD by	AILI Sta	ff	Phone	Number:	TBD	by AILI	Staff		Email A	ddre	ss: TBD by	AILI	Staff	
Supervisor: TB	D by A	AILI Staf	f	Phone	Number:	TBD	by AILI	Staff		Email A	ddre	ss: TBD by	AILI	Staff	
Notes:											Pro	gram #:			
												mestay Cor		nity:	
											Air	port Code:			
Host Family	Host Family Aug Code														
Name (First & Last)	2	Area Co & Phone	l ⊢r	nail Add	ress		St	reet A	ddress			City	Sta	ite	Zip
Lastj															
Mailing Addres	s (if d	ifferent t	han street	address	s)										
Number of year	rs at tl	nis addre	ess		Previou	ıs Add	dress (i	f less t	than 3 ye	ears)					
Host Father Le	gal Na	me													
First Name	Mi	ddle	Last Nar	ne	DOB:		Α	ge	00	cupation)	Work			
	N	ame			MM/DD/	ΥY						Phone			
Host Mother Le	and N	ama.										Cell Phon	e		
First Name	_	ddle	Maiden	Nama	Last	Г	OOB:					Work			
i ii st ivaiiie		ame	Maiuen	Name	Name		IM/DD	Age	00	ccupation	1	Phone			
					110						Cell Phon	е			
Additional Fam	ily Me	mbers				ı									
First Name		ddle				ale/ DOB: Age			Interests						
	Name					е	MM/DD/YY								
Classias Ass				Own Ro	om		Sha	red Ro	om	T		If shared,	, with	who	m?
Sleeping Ar															
The primary for	ocus o	f a home											ay pro	gram	is not a "teen"
			progra	ım. The	following	are loc	ations v	where y	you may	meet othe	er tee	ns:			
Church Youth	Group) Ne	ighborhoo	d Teens	Com	munit	ty Cent	er	Family	Members	/Frie	nds Otl	her		
		imals	Bicyclin		Cooking		Gol			usic		now Sport	S		Travel
		• .			• •										
Family Interests	1	Art	Boating	1	Crafts		lorse R	Riding		ısical uments		Soccer		\	/ideo Games
Sports									IIISU	umems					
Hobbies	Bas	seball	Campin	g	Dance		Movi	es	Rea	ading		Swimming			Religion
Activities			•												
	Bas	ketball	Compute	rs Fishing			Museums		Sk	Skating		Tennis			Other
Family Pets	Dog	 	Ca	at:		R	eptile:				Oth	ner:			
Smoker in Hos								Compa	ss USA	Host Fan					
OFFICE USE O	NLY		B/C	W/E	W/P		F1		F	2		CHG			HF DB