American International Learning Institute

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
- The winner will write an account of their trip with photos as well as a short video summary of their trip. This information will be sent to Compass USA within two weeks of returning home

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 a minimum of 5 photos of self, family and friends
- Host Family application
- Copy of current passport

No student application will be considered unless all parts of the application package are completed and received by **March 19, 2027** Application package should be submitted as a 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 March 23, 2027. 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 or before March 24th, 2027. 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 March 19, 2027, you will not qualify for the scholarship. Don't miss out on this wonderful opportunity!

STUDENT APPLICATION

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

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

SIBLINGS	
Names	Ages

Language(s) spoken at home	

OTHER LANGUAGE PROFICIANCY (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		No	
If yes, where and when?				

SCHOOL ATTENDANCE	
What school are you currently attending?	
Grade Level (2026-2027)	
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:					

Why did you apply for this scholarship program?

Describe your expectations of a homestay:

Student Health Record

Health History:

Please answer the following questions. If you answer **"Yes"** to any question, provide additional details in the space below.

☐ Yes ☐ No **Does the student have any chronic medical conditions, such as diabetes, asthma, allergies, or other ongoing health concerns?**

☐ Yes ☐ No **Has the student ever had major surgery, a serious accident, or a significant illness?**

☐ Yes ☐ No **Has the student ever been diagnosed with a psychological, neurological, behavioral, or emotional health condition?**

☐ Yes ☐ No **Has the student been diagnosed with Attention Deficit Disorder (ADD), Attention-Deficit/Hyperactivity Disorder (ADHD), or a similar condition?**

☐ Yes ☐ No **Has the student ever experienced epileptic seizures or a similar medical condition?**

☐ Yes ☐ No **Will the student be taking any prescription or over-the-counter medications during their stay? If yes, please list below.**

☐ Yes ☐ No **Does the student follow a restricted or special diet for medical, religious, ethical, or personal reasons (e.g., vegetarian, vegan, celiac/gluten-free, food allergies)?**

☐ Yes ☐ No **Are there any activities, sports, or physical exertion that the student should avoid for medical or other reasons?**

☐ Yes ☐ No **Does the student have any phobias, behavioral concerns, eating disorders, or other conditions that may affect their homestay experience?**

☐ Yes ☐ No **Has the student experienced any significant changes at home, school, or in their personal life during the past three years that may be helpful for us to know?**

☐ Yes ☐ No **Is the student up to date on all recommended immunizations?**

Date of most recent tetanus vaccination (MM/YYYY): _____

Additional Information

If you answered "Yes" to any of the questions above, please provide details, including dates, current status, treatments, accommodations, or any other information that may assist us in providing a safe and successful homestay experience.

I, as the guardian of _____, do hereby authorize AILI and it's representatives, to be identified later by AILI, to consent to any x-ray examination, anesthetic medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general supervision of any licensed physician or surgeon, whether such diagnosis or treatment is rendered at the clinic of said physician or surgeon or at a hospital. It is understood that authorization is not given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on their part to give specific consent to and all such diagnosis, treatment or hospital care which the aforementioned physician or surgeon in the exercise of his or her best judgement may deem advisable. It is understood that this authorization is being given to AILI prior to the selection of a homestay family for my child, and that I consent to this homestay family and/or AILI representatives providing authorization for medical care for my child as described by this authorization. I certify that the above information is correct to my knowledge.

Print Parent Name_____

SIGNATURE: _____ **DATE:** _____
(Parent/guardian)

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.

SIGNATURE: _____ **DATE:** _____
(Parent/guardian)

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) 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 2027. 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 from 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,

2027
HOST FAMILY INTERVIEW and MATCHING FORM

Student Name:		**Student Number:**
Student Arrival Date:		**Student Departure Date:**
Arrival Date with Host Family:		**Departure Date with Host Family:**
Coordinator:	**Phone Number:**	**Email Address:**
Supervisor:	**Phone Number:**	**Email Address:**
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 Parent Legal Name								
First Name	**Middle Name**	**Maiden Name**	**Last Name**	**DOB: MM/DD/YY**	**Age**	**Occupation**	**Work Phone**	
							Cell Phone	
Host Parent Legal Name								
First Name	**Middle Name**	**Maiden Name**	**Last Name**	**DOB: MM/DD/YY**	**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?**

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:**	**Other:**
Smoker in Host Family?			**Have you previously hosted for Compass USA?**

OFFICE USE ONLY	**B/C**	**W/E**	**W/P**	**S/M Release**	**HF DB**