

Student Homestay Application

- The number of host families are limited, so please apply as early as possible.
- A NON-REFUNDABLE check or money order payable to OvECS to cover placement and processing fees must be sent with 2 passport size photos after complete this online application (See fees & costs).
- A REFUND CAN NOT BE MADE ONCE WE BEGIN THE APPLICATION PROCESS, however, if an available host cannot be found, your placement and processing fees will be completely refunded to you.

When will you be starting school? _____

Name of School _____

Family Name: _____ First: _____ Middle: _____

Present Address: _____ City: _____

State/Province/Prefecture: _____ Zip/Postal Code: _____ Country: _____

Phone: _____ E-mail (Fax): _____ Nationality: _____

Date of Birth (mm/dd/yyyy) _____ Male: ___ Female: ___ Religion: _____

Last School attended or School you are currently attending: _____

Degree or Diploma earned & Field of Study: _____

Are you a currently a student? Yes: ___ No: ___ (occupation) _____

Parent's Address: _____ City: _____

State/Province/Prefecture: _____ Zip/Postal Code: _____ Country: _____

Phone: _____ E-mail (Fax): _____

Father's Name: _____ Occupation: _____

Mother's Name: _____ Occupation: _____

Brothers and Sisters:

1.Name: _____ Age: _____ Male: ___ Female: ___

2.Name: _____ Age: _____ Male: ___ Female: ___

3.Name: _____ Age: _____ Male: ___ Female: ___

4.Name: _____ Age: _____ Male: ___ Female: ___

5.Name: _____ Age: _____ Male: ___ Female: ___

6.Name: _____ Age: _____ Male: ___ Female: ___

How did you learn about OvECS homestay program? _____

How long do you plan to stay with hostfamily? _____

What will you study in the States, and for how long? _____

Entry Level: ESL___ 2 year college___ Bachelor___ Master___ Ph.D. ___ other _____

Interests/Hobbies/Sports: _____ Can you swim? Yes:___ No:___

Previous Trips Abroad: _____

Have you participated in a Homestay program before? Yes:___ (describe) _____ No:___

Personality: Outgoing:___ Shy:___ Independent:___ Quiet:___ Energetic:___ Sociable:___
Optimistic:___ Cheerful:___ Tidy:___ Serious:___ Talkative:___ Modest:___ Adventurous:___
Affectionate:___ Curious:___ Others: _____

Do you smoke? Yes:___ No:___ Do you drink alcohol? Daily:___ Sometimes:___ Rarely:___ Never: ___

Many American Families have pets. Can you live with a Host Family that has Dogs or Cats?
(Dog) Yes:___ No:___ (Cat) Yes:___ No:___

Will you have a car in the U.S.? Yes:___ No:___ Will you have a student visa? Yes:___ No:___

What do you hope to learn from your Homestay? _____

Please write us something about yourself: _____

Name any medications you must take regularly: _____

Please list any allergies (food, animal, plant), health problems or any dietary restrictions: _____

If available, list the name of a local person to contact in case of emergency: _____

His / Her Address: _____ Phone: _____

By signing your name below, you attest that all the information above is true and accurate to the best of your knowledge.

Signature of Applicant _____ Date / /

Signature of Parents(if applicant is under 18) _____