



The Foundation for Worldwide International Student Exchange (WISE)

Homestay Application

University: UC Davis Other: _____

Name _____, _____ Gender: Male Female
(family) (first)

American Name _____ Age: _____ Birthdate: ____/____/____
(optional) Month / Day / Year

Education/Work Program: 4-wk 6-wk 10-wk 20-wk Homestay Program: 4-wk 10-wk 20-wk
 Global Studies Custom Other Academic year Custom

Homestay Move-In: _____ Homestay Move-Out: _____
(preferred first day of homestay) (preferred last day of homestay)

Nationality _____ Occupation _____

Current Mailing Address _____

Telephone _____ Fax _____ E-mail _____

Person to be contacted in case of emergency (address and telephone different from above):

Name _____ Address _____

Telephone _____ Fax _____ E-mail _____

Father's occupation _____ Mother's occupation _____ Siblings _____
(names & ages)

1. Do you smoke? Yes No If yes, are you willing to smoke **outside ONLY**? Yes No
2. Would you prefer a home with young children? (0-7years old) older children? (8 + years) no children?
3. Would you prefer a home with dogs cats no pets?
(Most American families have pets. Therefore, we cannot guarantee requests for families with no pets)
4. Do you have allergies? Yes. Please explain: _____ No
5. What are your favorite foods? _____
6. Are there any foods you cannot eat? Yes. Please explain: _____ No
7. What type of meal plan would you prefer? 3-meals 2-meals (breakfast and dinner) no-meals
8. What activities or hobbies do you enjoy? (type of music, books, sports, etc.) _____

9. Describe your personality: _____
10. What would you like to do during your studies? _____
11. Do you have special requests for your homestay? _____
12. Do you prefer a family environment that will give you more independence or more interaction with your host family? A very active family or a more relaxed family? more freedom or more time with family / active family or relaxed family
(Most American families are very busy, therefore we cannot guarantee how much time a family will have to spend with their student.)
13. Do you have any health problems your host family should know about? Yes No
If yes, please explain: _____
14. Are you taking any medication? Yes. Please explain: _____ No
15. What other countries, if any, have you visited? _____
16. What is your English speaking ability? Beginner Intermediate Advanced

17. Please take a moment to write a small letter on the back of this application as a greeting to your future host family! Also, we request that you include a simple picture of yourself to send to your host family.