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For office use only:  application 1-4  summ. of int.  essay  transcript  L of R  Rules/Regs  photo collage  extra photos

## Application for a High School Year Abroad

Please write clearly in **black pen**, writing in the language of the country to which you are applying. The last page of the application, page 4, must be signed by both you and your parents/legal guardians.

### Student

Name \_\_\_\_\_  
Family name(s) First name Middle name

Address \_\_\_\_\_  
Street

\_\_\_\_\_ Postal code City State/County/Province Country

Telephone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_ Fax location \_\_\_\_\_

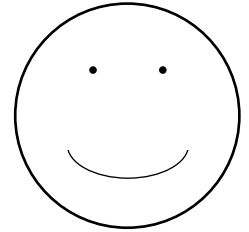
E-mail address \_\_\_\_\_  Male  Female

Date of birth \_\_\_\_\_ Place/city of Birth \_\_\_\_\_ Country of birth \_\_\_\_\_

Please write out name of month / day / year

Citizenship/Legal permanent resident of \_\_\_\_\_ Any American citizenship?  Yes  No

Please affix a black-and-white photograph here.



No color photographs please!  
Remember to smile!

### Family information

Father's name \_\_\_\_\_ Mother's name \_\_\_\_\_

Occupation/title \_\_\_\_\_ Occupation/title \_\_\_\_\_

Father's business telephone (\_\_\_\_\_) \_\_\_\_\_ Mother's business telephone (\_\_\_\_\_) \_\_\_\_\_

Parent's marital status  Married  Living together  Divorced  Separated  Single  Widowed

Student lives with  Parents  Mother  Father  Legal guardian \_\_\_\_\_  Other \_\_\_\_\_

Legal guardian \_\_\_\_\_ Business telephone (\_\_\_\_\_) \_\_\_\_\_

Who should be contacted, other than your parents, in case of emergency? Name and telephone \_\_\_\_\_

Please list name(s) and year of birth of any brothers and/or sisters \_\_\_\_\_

### Program and school information

Destination country \_\_\_\_\_ Departure in \_\_\_\_\_ For a  School year  Half year

Month/year

Have you participated in a high school exchange program (for a semester or year) to the United States before?  Yes  No

Will you have graduated from high school (gymnasium, lycee, etc.) by the time you travel to your host country?  Yes  No

Will you have completed 12 years of schooling by the time you travel to your host country?  Yes  No

The EF High School Year program includes enrollment in a public school without any fees. Each year, however, a few students have the opportunity to attend private school (or a public tuition school) at an extra cost. The tuition for these schools ranges from approximately \$1,000 to \$6,000. Please indicate if you would be interested in paying tuition for private school if given a choice.  Yes  No

### Your community

Is your community:  a city or town  suburban area  small town or village  outside or near a small town  rural

Number of inhabitants \_\_\_\_\_ Nearest major city \_\_\_\_\_ Travel time by car to this city \_\_\_\_\_

**Personal information**

1. Your height \_\_\_\_\_ Your weight \_\_\_\_\_
2. Do you have, or have you ever had, any illness or disability that caused hospitalization?  Yes  No Explain. \_\_\_\_\_
3. Do you have an extreme health condition, physical or mental disability or allergic reaction that we should take into consideration when matching you with a host family?  Yes  No If yes, please explain. \_\_\_\_\_

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4. If you answered "yes" to question 3, please understand that EF needs a note from your doctor detailing the illness or allergy. Please tell us any treatment or medications you take for this illness or allergy. \_\_\_\_\_
5. Have you ever been diagnosed with an eating disorder such as anorexia or bulimia?  Yes  No If yes, it is mandatory that you explain: \_\_\_\_\_

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6. Would you be comfortable living with a family that has pets?  Yes  No  Only if they are kept outside If no, what pets can you **not** live with and for what reasons? \_\_\_\_\_
7. Are you a vegetarian or are there any foods you cannot eat for health or religious reasons?  Yes  No Explain. \_\_\_\_\_

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8. Do you smoke?  Yes  No  Occasionally Do you use smokeless tobacco?  Yes  No  Occasionally  
 If yes or occasionally, how many cigarettes per day? \_\_\_\_\_ If yes, are you prepared to quit smoking?  Yes  No  
 If you are not prepared to quit smoking would you be able to restrict your smoking to outside of your host family's home?  Yes  No  
 If no, would you be willing to live with a family who smokes?  
 Yes  Yes, if they smoke outside or in a designated room
9. What is your religion?  Catholic  Protestant  Jewish  Moslem  Buddhist  None  Other \_\_\_\_\_
10. How often do you attend religious services?  More than once a week  Weekly  Occasionally  1-2 times per year  Never
11. Would you be comfortable living with a host family with a different religion?  Yes  No If no, why not? \_\_\_\_\_

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12. Would you be willing to attend religious services with your host family?  Yes  No  Occasionally

**Activities and interests**

13. Please tell us about the activities and interests you **most** enjoy and how often you participate (once a week, once a month, etc.): Check as many boxes as necessary.

| <b>Indoor activities</b>  | <b>Frequency</b> | <i>I would like to <b>learn</b> this activity.</i> | <i>I would like to <b>continue</b> this activity.</i> | <i>I <b>compete</b> in this activity.</i> | <b>Sports activities</b> | <b>Frequency</b> | <i>I would like to <b>learn</b> this activity.</i> | <i>I would like to <b>continue</b> this activity.</i> | <i>I <b>compete</b> in this activity.</i> |
|---------------------------|------------------|--|---|---|--------------------------|------------------|--|---|---|
| Cinema/Movies             | _____            | <input type="checkbox"/>                           | <input type="checkbox"/>                              | <input type="checkbox"/>                  | Aerobics/Dance           | _____            | <input type="checkbox"/>                           | <input type="checkbox"/>                              | <input type="checkbox"/>                  |
| Computers                 | _____            | <input type="checkbox"/>                           | <input type="checkbox"/>                              | <input type="checkbox"/>                  | American football        | _____            | <input type="checkbox"/>                           | <input type="checkbox"/>                              | <input type="checkbox"/>                  |
| Cooking                   | _____            | <input type="checkbox"/>                           | <input type="checkbox"/>                              | <input type="checkbox"/>                  | Athletics/Track & Field  | _____            | <input type="checkbox"/>                           | <input type="checkbox"/>                              | <input type="checkbox"/>                  |
| Drama/Theatre             | _____            | <input type="checkbox"/>                           | <input type="checkbox"/>                              | <input type="checkbox"/>                  | Baseball/Softball        | _____            | <input type="checkbox"/>                           | <input type="checkbox"/>                              | <input type="checkbox"/>                  |
| Drawing/Painting          | _____            | <input type="checkbox"/>                           | <input type="checkbox"/>                              | <input type="checkbox"/>                  | Basketball               | _____            | <input type="checkbox"/>                           | <input type="checkbox"/>                              | <input type="checkbox"/>                  |
| Listening to music        | _____            | <input type="checkbox"/>                           | <input type="checkbox"/>                              | <input type="checkbox"/>                  | Biking/Cycling           | _____            | <input type="checkbox"/>                           | <input type="checkbox"/>                              | <input type="checkbox"/>                  |
| Reading                   | _____            | <input type="checkbox"/>                           | <input type="checkbox"/>                              | <input type="checkbox"/>                  | Golf                     | _____            | <input type="checkbox"/>                           | <input type="checkbox"/>                              | <input type="checkbox"/>                  |
| Watching TV               | _____            | <input type="checkbox"/>                           | <input type="checkbox"/>                              | <input type="checkbox"/>                  | Horseback riding         | _____            | <input type="checkbox"/>                           | <input type="checkbox"/>                              | <input type="checkbox"/>                  |
| Writing/Journalism        | _____            | <input type="checkbox"/>                           | <input type="checkbox"/>                              | <input type="checkbox"/>                  | Martial arts             | _____            | <input type="checkbox"/>                           | <input type="checkbox"/>                              | <input type="checkbox"/>                  |
| Other _____               | _____            | <input type="checkbox"/>                           | <input type="checkbox"/>                              | <input type="checkbox"/>                  | Snowboarding             | _____            | <input type="checkbox"/>                           | <input type="checkbox"/>                              | <input type="checkbox"/>                  |
| Other _____               | _____            | <input type="checkbox"/>                           | <input type="checkbox"/>                              | <input type="checkbox"/>                  | Soccer                   | _____            | <input type="checkbox"/>                           | <input type="checkbox"/>                              | <input type="checkbox"/>                  |
| <b>Musical activities</b> |                  |  |   |   | Skiing (cross country)   | _____            | <input type="checkbox"/>                           | <input type="checkbox"/>                              | <input type="checkbox"/>                  |
| Band                      | _____            | <input type="checkbox"/>                           | <input type="checkbox"/>                              | <input type="checkbox"/>                  | Skiing (downhill)        | _____            | <input type="checkbox"/>                           | <input type="checkbox"/>                              | <input type="checkbox"/>                  |
| Orchestra                 | _____            | <input type="checkbox"/>                           | <input type="checkbox"/>                              | <input type="checkbox"/>                  | Swimming                 | _____            | <input type="checkbox"/>                           | <input type="checkbox"/>                              | <input type="checkbox"/>                  |
| Choir/Singing             | _____            | <input type="checkbox"/>                           | <input type="checkbox"/>                              | <input type="checkbox"/>                  | Tennis                   | _____            | <input type="checkbox"/>                           | <input type="checkbox"/>                              | <input type="checkbox"/>                  |
| Guitar                    | _____            | <input type="checkbox"/>                           | <input type="checkbox"/>                              | <input type="checkbox"/>                  | Volleyball               | _____            | <input type="checkbox"/>                           | <input type="checkbox"/>                              | <input type="checkbox"/>                  |
| Piano                     | _____            | <input type="checkbox"/>                           | <input type="checkbox"/>                              | <input type="checkbox"/>                  | Ice hockey               | _____            | <input type="checkbox"/>                           | <input type="checkbox"/>                              | <input type="checkbox"/>                  |
| Other _____               | _____            | <input type="checkbox"/>                           | <input type="checkbox"/>                              | <input type="checkbox"/>                  | Field hockey             | _____            | <input type="checkbox"/>                           | <input type="checkbox"/>                              | <input type="checkbox"/>                  |
| Other _____               | _____            | <input type="checkbox"/>                           | <input type="checkbox"/>                              | <input type="checkbox"/>                  | Wrestling                | _____            | <input type="checkbox"/>                           | <input type="checkbox"/>                              | <input type="checkbox"/>                  |
| <b>Nature activities</b>  |                  |  |   |   | Lacrosse                 | _____            | <input type="checkbox"/>                           | <input type="checkbox"/>                              | <input type="checkbox"/>                  |
| Camping                   | _____            | <input type="checkbox"/>                           | <input type="checkbox"/>                              | <input type="checkbox"/>                  | Other _____              | _____            | <input type="checkbox"/>                           | <input type="checkbox"/>                              | <input type="checkbox"/>                  |
| Hiking                    | _____            | <input type="checkbox"/>                           | <input type="checkbox"/>                              | <input type="checkbox"/>                  | <b>Community service</b> |                  |  |   |   |
| Scouting                  | _____            | <input type="checkbox"/>                           | <input type="checkbox"/>                              | <input type="checkbox"/>                  | Specify _____            | _____            | <input type="checkbox"/>                           | <input type="checkbox"/>                              |   |
| Other _____               | _____            | <input type="checkbox"/>                           | <input type="checkbox"/>                              | <input type="checkbox"/>                  | Specify _____            | _____            | <input type="checkbox"/>                           | <input type="checkbox"/>                              |   |

Name \_\_\_\_\_  
Family name First name

Student reference number 

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**Personal profile**

- 14. Please describe any other activities or interests that you enjoy. \_\_\_\_\_
- 15. What are your favorite animals or pets? \_\_\_\_\_
- 16. Why do you want to spend a year abroad? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 17. Why do you think you will be a successful exchange student? What can you tell us about yourself, your personality or your habits that will help us match you with a host family? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 18. Describe one of your personal achievements (something you have done that you are proud of) or something special about yourself.  
\_\_\_\_\_  
\_\_\_\_\_
- 19. What do you want to do after you finish your education? How do you think your exchange experience help you in the future?  
\_\_\_\_\_  
\_\_\_\_\_
- 20. How many hours per day do you spend doing your homework? \_\_\_\_\_
- 21. Which are your favorite subjects at school? \_\_\_\_\_
- 22. Have you ever held a summer job or an after-school job? If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_
- 23. What are your family responsibilities and rules? What do you do to help your parents at home? \_\_\_\_\_  
\_\_\_\_\_

24. Check off the adjectives which best describe you:
- |                                      |  |                                      |  |  |
|--------------------------------------|--|--------------------------------------|--|--|
| <input type="checkbox"/> Curious     | <input type="checkbox"/> Neat          | <input type="checkbox"/> Artistic    | <input type="checkbox"/> Outgoing        | <input type="checkbox"/> Straightforward |
| <input type="checkbox"/> Messy       | <input type="checkbox"/> Athletic      | <input type="checkbox"/> Quiet       | <input type="checkbox"/> Sophisticated   | <input type="checkbox"/> Other _____     |
| <input type="checkbox"/> Open-minded | <input type="checkbox"/> Nature-loving | <input type="checkbox"/> Thoughtful  | <input type="checkbox"/> Competitive     | <input type="checkbox"/> Other _____     |
| <input type="checkbox"/> Ambitious   | <input type="checkbox"/> Active        | <input type="checkbox"/> Independent | <input type="checkbox"/> Intellectual    | <input type="checkbox"/> Other _____     |
| <input type="checkbox"/> Humorous    | <input type="checkbox"/> Organized     | <input type="checkbox"/> Talkative   | <input type="checkbox"/> Family-oriented | <input type="checkbox"/> Other _____     |

25. Check off the adjectives which best describe your family's lifestyle:
- |                                       |  |                                      |  |                                      |
|---------------------------------------|--|--------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Strict       | <input type="checkbox"/> Casual        | <input type="checkbox"/> Social      | <input type="checkbox"/> International | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Affectionate | <input type="checkbox"/> Home-oriented | <input type="checkbox"/> Independent | <input type="checkbox"/> Academic      | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Active       | <input type="checkbox"/> Modern        | <input type="checkbox"/> Religious   | <input type="checkbox"/> Sophisticated | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Artistic     | <input type="checkbox"/> Traditional   | <input type="checkbox"/> Relaxed     | <input type="checkbox"/> Other _____   | <input type="checkbox"/> Other _____ |

