Thanksgiving Homestay Program
Application Form

*Please answer **all** questions and sign your name. The application deadline is **Friday, November 2**.*
UChicago students should return the completed application form to:

International House
Attn: Hannah Barton
(bartonh@uchicago.edu)
Office of Programs and External Relations
1414 East 59th Street
Chicago, Illinois 60637

For all non UChicago students, please reach out to your relevant student advisors.

Male Female

Family Name | First Name | Age | Circle One

Street Address | City | State | Zip Code

Phone Number (with area code) | Email Address

University | Field of Study | Year in your academic program | Nationality

Languages Spoken

Level of English Speaking Skills (please circle one) Beginner Intermediate Advanced

Hobbies/Interests

Single Married (Circle One) Smoker Non-smoker (Circle One)

Religion (Optional)_____

Dietary Restrictions (note: please feel free to bring ingredients/foods to share with your host family/community that may be difficult to find in a traditional American grocery store):_____

Allergies or Medical Conditions:_____

Household Pets (please circle any applicable descriptions): I am allergic to pets I am afraid of pets I like pets

Have you attended the Program before (Circle One)? Yes No

*If Yes, Year(s)_____ Town(s)_____

Name of affiliated institution:_____

Student ID Number:_____

Please Note: Every participant MUST provide a student ID number on their application as proof of their enrollment in the school

Please list all family members who will accompany you on the trip:

Name	**Age**	**Male or Female**	**Relationship (Spouse, Child)**

Acceptance of Risk

As a participant in the International Fellowship Program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume responsibility for any injuries, damages or loss which I, my spouse, or any member of my family may sustain as a result of participating in any and all activities connected with or associated with the International Fellowship Program. I acknowledge that the International Fellowship Program is providing me with an educational opportunity and I will hold The University of Chicago, International House, the International Fellowship Program community organizations, and host families blameless for any occurrence resulting there from. I also understand that The University of Chicago, International House, the International Fellowship Program community organizations, and host families do not provide accident, sickness, or medical insurance for me or my family and that it is my responsibility to maintain such insurance for my benefit, if I so desire. I further agree that participation in any activity will be at my or my family's own discretion and judgment. I am 18 years of age or older. I am the parent or guardian of any children who will accompany me. I have read and fully understood the above Acceptance of Risk. I understand that this is a ***four day program and agree to participate in the program for all four days***. I understand that the $35.00 fee that I am submitting with this application is non-refundable.

_____

Participant Date

_____

Spouse Date