

| | | | |
|-------------------------------------------------------------|-------|------------------------------------|---|
| Please PRINT clearly! | | Application Date (mm/dd/yy): | |
| Family's LAST Name/Surname: | | List FIRST Name of Family Members: | |
| # of Children at Home: | Ages: | | |
| Occupation(s): Retired/Homemaker (Note: we babysit) | | | |
| 1. Circle phone number type H=Home C=Cell W=Work | H* | C | W |
| | H | C | W |
| 2. List only phone number(s) you would like to be reach at. | H* | C | W |
| | H | C | W |
| Home Address: | | | |
| Email Address(es): | | | |

To help us better match our families with our international students, please complete the following (select options and/or list details):

- Select gender preference for match(es): Male *Female - Japanese No Preference
- How many students would you like to be matched with? 1 2 3 Other #: _____
- Frequency of Contact – **We encourage a minimum of 2 times per semester.**
Select and list approximate number of preferred times:

| | | |
|---|--------|------------|
| X | Weekly | Times/Week |
|---|--------|------------|

| | | |
|--|---------|-------------|
| | Monthly | Times/Month |
|--|---------|-------------|

| | |
|---------------|--|
| Other (list): | |
|---------------|--|
- Do you have any foreign travel experience? YES NO* If so, please list (continue on back if additional space is needed):

*more on back
- Do you have any religious affiliations? YES NO
 If so, please select/list type: Buddhist X Christian Hindu Muslim Other (list): _____
 Would you be willing to accept a student match of another religion? YES NO
- Do you have pets? YES NO If so, list what kind(s)?

- Please list if you have special hobbies or interests you may like to share

| | | |
|-------------------------------|-------------------------------------------------|--------------------------------------------------------------------------------|
| Please return form to: | Cita Guna Maignes | Title: Recruitment/Retentions Specialist and |
| | Minnesota State University, Mankato | Friendship Family Program Coordinator |
| | Elizabeth and Wynn Kearney International Center | Phone: 507-389-1282 / 507-389-6592 |
| | 250 Student Union | Fax: 507-389-5859 |
| | Mankato, MN 56001 | Email: cita.maignes@mnsu.edu |

Thank you for your time and thoughtful consideration to participate in this program.

| FOR OFFICE USE ONLY - ANNUAL REVIEW OF ASSIGNED STUDENTS | | | | Review Date: / / | | | | | |
|----------------------------------------------------------|---|--|--------|------------------------|-------------|--------------------------|-------------|-----------------------------------------------------------------|--------|
| Name(s): | 1 | | () | Meet regularly? | YES NO FAIR | Satisfying match? | YES NO FAIR | Family AND student wish to continue match for next year? | YES NO |
| | 2 | | () | Meet regularly? | YES NO FAIR | Satisfying match? | YES NO FAIR | Family AND student wish to continue match for next year? | YES NO |
| | 3 | | () | Meet regularly? | YES NO FAIR | Satisfying match? | YES NO FAIR | Family AND student wish to continue match for next year? | YES NO |
| | 4 | | () | Meet regularly? | YES NO FAIR | Satisfying match? | YES NO FAIR | Family AND student wish to continue match for next year? | YES NO |