

**International Friendship Family Program STUDENT APPLICATION Minnesota State University, Mankato**

Please <b>PRINT</b> clearly!		Application Date (mm/dd/yy):	
LAST Name/Surname:		FIRST Name:	
Circle Gender:	MALE      FEMALE	Home Country:	
Tech ID:	Phone (with area code):		
Your MSU, Mankato College Address:			
Email Address(es):			
Degree/Major Pursuing:	Expected Date of Graduation:		<b>List Month and Year</b>
Language(s) Spoken:			
Interests and Hobbies:			

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

1. Would you like to be matched with a family with children?    YES    NO    OK with any type of family

2. How often would you like to be in contact your family? Check and list approximate number.

<input type="checkbox"/> Weekly	<input type="checkbox"/> Times/Week	<input type="checkbox"/> Monthly	<input type="checkbox"/> Times/Month	<input type="checkbox"/> Other (list):
---------------------------------	-------------------------------------	----------------------------------	--------------------------------------	--

3. Do you have any religious affiliations?    YES    NO

If so, please select/list type:    Buddhist    Christian    Hindu    Muslim    Other (list):

4. Do you have any dietary preferences/restrictions?    YES    NO    If yes, select and list specific details (i.e., no pork)?

Vegetarian     Vegan     Dairy     Meat    Other (list):

5. Do you have any allergies or dislikes of the following?    YES    NO    If so, select below and list specific details:

Animal/Pets (list):                      Other (list):

**You must sign off on the agreement sheet for this Friendship Family Program.**

<b>Please return form to:</b>	Cita Guna Maignes	<b>Title:</b> Recruitment/Retentions Specialist and Friendship Family Program Coordinator
	Minnesota State University, Mankato	<b>Phone:</b> 507-389-1282 / 507-389-6592
	Elizabeth and Wynn Kearney International Center	<b>Fax:</b> 507-389 -2790
	250 Student Union Mankato, MN 56001	<b>Email:</b> <a href="mailto:cita.maignes@mnsu.edu">cita.maignes@mnsu.edu</a>

**FOR OFFICE USE ONLY**

**FAMILY MATCH INFORMATION**

Name:	Match Date:	
Address:		
Phone:		
Email:		
Notes:		