

FAMILY FRIENDSHIP PARTNER APPLICATION
International Students Inc. (ISI)

Name: _____ _____ Male or Female

Name(s): _____
Spouse and children (give ages please), if applicable

Address: _____
Street Apt. #
_____, _____, _____
City State Zip

Phone: _____ E-mail: _____

Occupation: _____ Religion (optional) _____

Language(s) Spoken: _____

Hobbies or interests: _____

Other information that would be helpful in matching you with a uwwf gpv or
lphqto cvkqp'you would like your prospective uwwf gpv to know about you:

"
"

Friendship Partner Preference: (Check one or more):

_____ No Preference _____ Single person: Male _____ Female _____
_____ Family with children _____ Family with *no* children
Particular country or region of the world _____

*I will be available to meet with my Friendship Partner at least once a month; befriend them
and share about American life and culture.*

I understand that I may have to wait until a Friendship Partner can be found for me.
"

Signature: _____ Date: _____

Return to:

"
"

Joy Curtis
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or the Office of International Students and Scholars
37 Lower College Rqcf
Kingston RI. 02881