FRIENDSHIP PARTNER STUDENT APPLICATION
International Students Inc. (ISI)

Name: _____ MALE
First Last (Family Name) Male or Female

Name(s): _____
Spouse and children (give ages please), if applicable
If married, is your spouse (and children) with you in the United States? N/A

Address: _____
Street Apt. #

_____, _____, _____
City State Zip

Phone: _____ E-mail: _____

Home Country: _____ Religion (optional) _____

Academic major: _____

Language(s) Spoken: _____

Hobbies or interests: _____

_____

Do you have allergies or health problems? _____

Give any diet (food or meat) restrictions you have: _____

Friendship Partner Preference: (Check one or more):

☐ **No Preference** ☐ **Single person**
☐ **Family with children** ☐ **Family with *no* children**

I will be available to meet with my Friendship Partner at least once a month to participate in family activities and learn about American culture. I will explain about my country and culture. I understand that I may have to wait until a Friendship Partner/Friendship Family can be found for me.

Signature: _____ Date: _____

Return Application to:

Mrs. Pat Olcott
International Students, Inc. (ISI)
1526 Frenchtown Road
East Greenwich, RI 02818
Phone: (401) 886-7108
E-mail: PatOISI@cox.net