

|  |  |
| --- | --- |
|  |  |

# Summer Internship Program in Chile

***\*\*\*Please fill out this form in Spanish and send to the Housing Coordinator, Cecilia Blanch:*** ***ceciliablanchcarrizo@gmail.com*** ***\*\*\****

## Home Stay Application

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Student Name: |  |  |  |  |
|  | Last |  First |  M.I. |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Gender: |  |  Date of Birth:  |  |
| Country of Birth: |  |  Citizenship: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Concentration/Major: |  |  Name of Home University:  |  Harvard University |

|  |  |  |  |
| --- | --- | --- | --- |
| Permanent Phone Number: |  |  Email: |  |
| Permanent Address: |  |  |

 *Street Address*

|  |  |  |
| --- | --- | --- |
|  |  |  |
| City | State | ZIP Code |

## Family Information

Parent 1/Guardian 1

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  |  Relationship: |  |
| Home Phone: |  | Work Phone: |  |
| Email Address: |  | Occupation:  |  |
|  |  |
|  |  |  |  |

Parent 2/Guardian 2

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  |  Relationship: |  |
| Home Phone: |  | Work Phone: |  |
| Email Address: |  | Occupation:  |  |
|  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| Siblings Names and Ages: |  |
|  |  |
|  |  |  |  |

## Emergency Contact Information

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Relationship: |  |
| Address: |  | Home Phone: |  |
| Email Address: |  | Work Phone: |  |
|  |  |  |  |
|  |  |  |  |

## Personal Information

|  |  |
| --- | --- |
| Interests/Hobbies: |  |
| Religion: |  | How fluent are you in Spanish? |   |
| Do you speak other languages? If so, which ones? |  |

Have you traveled within your country or abroad? If so, where?

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
|  |  |
| Do you like pets? |  | Do you have any allergies? |   |

List any dietary restrictions, physical limitations, or medications you take regularly

|  |  |
| --- | --- |
|  |  |

|  |  |
| --- | --- |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Do you smoke? |  | Could you live with smokers? |   |
| Do you play any sports? If so, which ones? |  |

In your own words, describe yourself (use adjectives: i.e. organized, extroverted, shy, etc.), your habits and your ideal housing situation.

|  |  |
| --- | --- |
|  |  |
|  |  |

Additional comments:

|  |  |
| --- | --- |
|  |  |
|  |  |