

Foreign Language (s) Studied	Fluency	Yrs. Studied

Countries to which you have traveled or in which you have lived	Length of Visit	Purpose of Visit

Siblings who have participated in our exchange program		
Name	Country Visited	Year

International exchange students your family has hosted			
Country	Length of Visit	Sponsoring program	Year

Describe below any dietary restrictions or preferences you may have	Indicate whether the limitation is...
	<input type="checkbox"/> Allergy/medical
	<input type="checkbox"/> Religious restriction

Rate your state of health	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
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List al allergies and medical conditions (Finalists may be required to provide a physician's letter attesting to their health)

Medications you are currently taking	Frequency	Reason for taking

