



**CONNECTICUT IFYE
PROGRAM APPLICATION**

*type or print all information

FULL NAME _____
as it would appear on passport

Date of birth ____/____/____ **Age** ____ **Gender** _____ **Social Security #** _____
m d yr

Permanent address _____
If p o box, include street

Mailing address-if different _____

Home telephone number _____ **Work/ phone number** _____ **Cell phone number** _____

Email address _____ **Fax #** _____

Occupation and employer _____

Name of school-if attending-current grade or semester _____

Major area of study/special interests _____

Emergency contact information: #1 Name _____

Complete Address _____

Telephone number _____ Cell Phone Number _____ Relationship _____

#2 Name _____

Complete Address _____

Telephone Number _____ Cell Phone Number _____ Relationship _____

Health insurance: Name of medical insurance carrier _____

Policy I. D. # _____ **Group #** _____

Primary name on policy _____ **Relationship** _____

Family information:
***Mother's name** _____ **Occupation** _____

Home address _____ **Home Telephone #** _____

Work-name, address, telephone _____ **Cell Phone #** _____

***Father's name** _____ **Occupation** _____

Home address _____ **Home Telephone #** _____

Work-name, address, telephone _____ **Cell Phone #** _____

***Siblings: number, ages, genders** _____

Religion (for information of host. If protestant-give denomination) _____

List any dietary or health considerations _____

List and briefly explain any international activities you have been involved in _____

Language skills: (other than English including sign language)-indicate language, reading, writing, speaking, comprehension proficiency, and years studied & if spoken at home _____

