



**COMMUNITY COUNCIL  
FOR  
INTERNATIONAL  
STUDENTS**



The International Office  
630 Dartmouth Place  
Evanston, Illinois 60208 – 4190  
Phone (847) 491-5613

**CCIS FOSTER RELATIVE PROGRAM**

Through the CCIS Foster Relative Program you are paired with a local individual or family who will include you in activities throughout the year.

Return this form to the International Office or send it by mail or fax to:

**Greta Sims**  
3015 Normandy Place  
Evanston, IL 60201

**Email: rgsims@att.net**  
**Fax: 847-328-7397**  
**Phone: 847-328-7394**

(only local calls can be returned)

The Community Council for International Students is a volunteer community organization formed to help students from other countries during their stay at Northwestern University. It hopes that there will be mutual sharing of values, cultural experiences, and interests between the international student and local families.

***Our volunteers welcome you!***

Though your time here may be short, we hope that it is an agreeable time for you and that your stay in the United States is happy, productive, and satisfying.

**FOSTER RELATIVE APPLICATION**

**TODAY'S DATE** (mm/dd/yyyy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_      **HOME COUNTRY:** \_\_\_\_\_

**NAME:** \_\_\_\_\_  
*(Family Name) (First Name) (Middle Name)*

**FIELD OF STUDY:** \_\_\_\_\_

**DATE OF ARRIVAL:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_      **EXPECTED COMPLETION DATE:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**HOME COUNTRY ADDRESS:** \_\_\_\_\_

**LOCAL ADDRESS:** \_\_\_\_\_

**LOCAL PHONE:** \_\_\_\_\_      **E-MAIL ADDRESS:** \_\_\_\_\_  
*(Area Code) (Number)*

**CAMPUS:**  Evanston  Chicago

**DATE OF BIRTH:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**GENDER:**  Male  Female

*If your spouse and/or child(ren) will accompany you, please complete the following:*

**SPOUSE NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_       Male  Female      **CITIZENSHIP:** \_\_\_\_\_

**CHILD NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_       Male  Female      **CITIZENSHIP:** \_\_\_\_\_

**CHILD NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_       Male  Female      **CITIZENSHIP:** \_\_\_\_\_

# FOSTER RELATIVE APPLICATION

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## MISCELLANEOUS INFORMATION

Will you have the use of a car while you are here?  Yes  No

Do you/spouse smoke?  Yes  No

Do you/spouse/children have allergies?  Yes  No

If so, what? \_\_\_\_\_

Do you/spouse/children require a special diet (religious, vegetarian, medical)?  Yes  No

If so, what? \_\_\_\_\_

Have you/spouse/children lived in the U.S. before?  Yes  No

Where? \_\_\_\_\_ For how long? \_\_\_\_\_

Languages spoken: \_\_\_\_\_

Special Interests: \_\_\_\_\_

Additional comments you would like to tell us: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

