CCIS

COMMUNITY COUNCIL FOR INTERNATIONAL STUDENTS

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

**Greta Sims
1616 Sheridan #1G
Wilmette, IL 60091**

**Email: rgsims@att.net
Phone: 847- 507-7394**
(only local calls can be returned)

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.

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:** _____

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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: _____

_____

_____

_____

NORTHWESTERN
UNIVERSITY