

Benjamin Franklin Transatlantic Fellows Summer Institute – Purdue University

**Participant Information Sheet**

This information will be used to place you with an appropriate host family and to inform program staff of important issues. Please answer the questions as truthfully and completely as possible.

*This information will be kept confidential and will not be shared with other program participants*

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Last Name | | | | | | | | | | | |
| 2 | First Name | | | | | | | | | | | |
| 3 | Middle Name | | | | | | | | | | | |
| 4 | Country | | Birth Date | | | | | | | | | |
| 5 | Email Address: | | | | | | Gender | | | | | |
| 5 | Do you have any siblings (brothers and sisters)? | | | | | | Yes  🗆 | | | | No  🗆 | |
| 6 | If yes, what are their names and ages? | 1. | | | | | | | | | | |
| 2. | | | | | | | | | | |
| 3. | | | | | | | | | | |
| 4. | | | | | | | | | | |
| 5. | | | | | | | | | | |
| 7 | Who lives in your household (parents, siblings, extended family, staff)? |  | | | | | | | | | | |
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| 8 | Do you have a part-time job? | | | | | Yes  🗆 | | | No  🗆 | | | |
| 9 | If yes, what is it? | | | | | | | | | | | |
| 10 | How often do you perform chores (wash dishes, sweep floors, babysit, take out the garbage, etc.) or help out around the house?   * Often * Sometimes * Rarely * Never | | | | | | | | | | | |
| 11 | If you do help out, which chores do you like to do? | |  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
| 12 | Many Americans have pets, usually dogs and cats. Please indicate whether you would be comfortable living in the following situations (choose all that apply to you): | | | | | | | | | | | |
| * The dogs have free roam of the house * The dogs are in the house, but kept out of my bedroom * The dogs are kept in a specific room of the house when allowed inside * The dogs are kept outside * There are no dogs on my host family’s property * Cats are kept in the house | | | | | | | | | | | | |
| 13 | Do you smoke? | | | | | | | | | Yes  🗆 | | No  🗆 |
| Please note: In the United States, persons under 18 are prohibited from purchasing tobacco products, and smoking is generally prohibited indoors. | | | | | | | | | | | | |
| 14 | How would you like to observe your religion while you are in the United States? We will do our best to accommodate your wishes. | | | | | | | | | | | |
| * I do not want to observe a religion while in the United States (go to question 16) | | | | | | | | | | | | |
| * I want to practice my religion in the United States (choose one option below) * I am curious to see religious services of my faith in the United States * I would like the opportunity to pray or attend services regularly * It is very important to me to have the opportunity to pray or attend services regularly | | | | | | | | | | | | |
| 15 | Please specify which services you would like to attend and when (For example, Catholic church on Sundays): | | | | | | | | | | | |
| 16 | If your host family attends religious services, they will invite you to join them. This would be a good cultural exchange opportunity. Are you interested in doing this if the opportunity arises? | | | | | | | | | Yes  🗆 | | No  🗆 |
| 17 | Do you have any allergies? | | | | | | | | | Yes  🗆 | | No  🗆 |
| 18 | If so, to what? (For example, allergic to pollen, shellfish, peanuts, cats, dust) | | | 1. | | | | | | | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |
| 19 | Please list any treatment for allergies, if applicable (please use additional space if needed). | | | Allergy | | | | | | Treatment | | |
| 1. | | | | | |  | | |
| 2. | | | | | |  | | |
| 20 | List your dietary restrictions or preferences, if any. (For example: vegetarian, no pork, kosher, halal, no shellfish.) We will try our best to accommodate you. | | |  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
| 21 | Do you have any physical limitations we should be aware of (example: hard of hearing)? Please list them. | | |  | | | | | | | | |
| 22 | Do you have any medical conditions we should know about (example: Diabetes, Asthma)? Please list them, plus any relevant information. | | |  | | | | | | | | |
| 23 | Please list any medications and dosages (please use additional space if needed) | | | 1. | | | | | | | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |
| 4. | | | | | | | | |
| 5. | | | | | | | | |
| 24 | How often do you check your email?   * Several times a day * Once a day * Less than once a day | | | | | | | | | | | |
| 25 | Do you use social networking sites such as Facebook or Twitter? | | | | Yes  🗆 | | | No  🗆 | | | | |
| 26 | Do you have access to high speed internet? | | | | Yes  🗆 | | | No  🗆 | | | | |
| 27 | If yes, where (example: at home, at an internet café, at school)? | | | |  | | | | | | | |
| 28 | Is there anything else you would like us to know about you that has not been addressed elsewhere during the application process? | | | |  | | | | | | | |
| 29 | *(Optional)* Please write a letter to your host family. Tell them about yourself, and be creative! You may want to describe your personality, your favorite classes, sports, activities you like, things you would like to try while in the United States, what you would like to share with them about your home country, what’s important to you, and anything else you would like them to know! You can attach the letter to this form. | | | | | | | | | | | |