



Taiwan Hostfamily Program 2015 Community Cultural Activity in Chiayi Application Form

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|--|-----------------------------------|--|--------------------|------------------------------|--|
| Name <i>-as shown on passport</i> | | Given name (Personal) | Middle name | Surname (family name) | |
| | | | | | |
| Chinese Name | | | | Nationality | |
| School | | | | | |
| Student Status | | <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Ph.D. Degree <input type="checkbox"/> Exchange Student <input type="checkbox"/> Chinese Language Student <input type="checkbox"/> Other: _____ | | | |
| Level of spoken Chinese | <input type="checkbox"/> fluent | Passport or ARC # | | Gender | <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other |
| | <input type="checkbox"/> average | Cell Phone # | | | |
| | <input type="checkbox"/> a little | Birthdate (YYYY/MM/DD) | / / | | |
| <input type="checkbox"/> none | | | | | |
| Participants under 20 years old: please give your father's or mother's name to assist us to arrange travel accident insurance: _____ Relationship: _____ (e.g. father) | | | | Religion | |
| Are you receiving Taiwan Scholarship or Huayu Enrichment Scholarship while studying in Taiwan? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | | | |
| When do you expect to complete your course in Taiwan? _____/_____/_____ (YYYY/MM/DD) | | | | | |
| E-mail | | | | | |
| Smoker | | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| Allergies | | <input type="checkbox"/> No <input type="checkbox"/> If yes, please satisfy: | | | |
| Dietary Restrictions | | <input type="checkbox"/> No <input type="checkbox"/> If yes, please satisfy: | | | |
| Special Requests | | <input type="checkbox"/> No <input type="checkbox"/> If yes, please satisfy: | | | |
| To participant: | | | | | |
| 1. Participants are responsible for the cost of transportation to gathering point, and personal expenses. Please participate fully in the activity and do not permitted to leave their host family without notice. 2. I fully understand and agree to abide with this request. I declare that all the information I have provided is correct, and I hereby agree that any photo of me taken during this activity may be used by the Taiwan Hostfamily Program. Applicant's Signature: _____ Date: _____ | | | | | |
| To the university or college: We will match one host family with this student for this activity. They will spend a day together and hopefully establish a friendship leading to further interactions and meetings. Your staff is hereby requested able to provide timely assistance if any of your foreign students has further contact with their host family and participates in any of their host family's activities in future. Thanks for your cooperation! 重要相關訊息: 計畫辦公室將於活動當天為境外學生與接待家庭舉辦相見歡，讓彼此認識及進一步相處，以利日後在臺研習期間持續與接待家庭互動，特此先行知會貴校，以方便日後了解學生狀況及未來協助境外學生參與各項接待家庭活動，謝謝！ Office staff Name: _____ Title: _____ Institution: _____ Signature: _____ Date: _____ | | | | | |
| | | | | (Seal of the office) | |

Note: Please fill out and mail your application form to hostfamily@mail.stust.edu.tw before Apr. 15th, 2015.