



BREAKING BREAD, Building a Global Community
Office of International Services (OIS)
INTERNATIONAL STUDENT/SCHOLAR APPLICATION

*Please answer neatly and COMPLETELY. Applications must be signed and dated.**

NAME: FIRST NAME FAMILY/LAST NAME:	HOME COUNTRY	I AM A: <input type="checkbox"/> SINGLE MALE <input type="checkbox"/> SINGLE FEMALE <input type="checkbox"/> FAMILY/COUPLE
HOME (U.S.) ADDRESS (Street, City, & Zip Code)	AGE	STATUS AT NC STATE: <input type="checkbox"/> UNDERGRADUATE STUDENT <input type="checkbox"/> GRADUATE STUDENT <input type="checkbox"/> RESEARCH SCHOLAR / PROFESSOR <input type="checkbox"/> SPOUSE
FIELD OF STUDY / RESEARCH:	DO YOU SMOKE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF MARRIED, WILL YOUR SPOUSE (CHILDREN) BE PARTICIPATING IN THIS PROGRAM WITH YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO
EMAIL:	RELIGION (OPTIONAL)	NAME OF SPOUSE/CHILD(REN), IF PARTICIPATING WITH YOU, INCLUDING CHILD(REN)'S AGES:
DAY PHONE:		
EVENING PHONE:		
PLEASE WRITE A BRIEF DESCRIPTION OF YOURSELF: HOBBIES, INTERESTS, GOALS, TRAVEL EXPERIENCE, LANGUAGES SPOKEN, ETC. _____ _____ _____		
PLEASE LIST DIETARY RESTRICTIONS (FOODS YOU CANNOT EAT) , ALLERGIES, AND ANYTHING ELSE YOU THINK YOUR HOST SHOULD KNOW ABOUT YOU: _____ _____ _____		
DO YOU NEED TRANSPORTATION TO AND FROM THE HOST'S HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO	ENGLISH LANGUAGE PROFICIENCY: <input type="checkbox"/> NATIVE <input type="checkbox"/> FLUENT <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR	
<p><i>*READ CAREFULLY:</i> <i>Yes, I want to be hosted by a family in the Raleigh community through the Breaking Bread Program. I understand that this program matches persons solely for the purpose of sharing ONE meal together. My host may be a family or a single person (please not that single persons will be matched with persons of the same sex). I will respect the culture, religion, beliefs and customs of my host, and be adventurous when trying new foods!! I will clearly express any dietary or transportation needs with my host beforehand. I will complete an evaluation form after my participation in the program, emailed to me by the Programs Coordinator.</i></p>		
Signed: _____		Today's Date: _____
PLEASE COMPLETE AND RETURN TO: OIS, NC STATE UNIVERSITY, 320 DANIELS HALL, BOX 7222, RALEIGH, NC 27695-7222 OR FAX TO: (919) 515-1402 OR CALL: (919) 515-2961, IF YOU HAVE ANY QUESTIONS Check out the other international programs at OIS! www.ncsu.edu/oisss/programs		

For Office Use Only:

DATE RECEIVED:	DATE MATCHED:
DATABASE ENTERED:	AMERICAN HOST: