



**A.C.E. Language Institute**

Montana State University  
1106 S. 6<sup>th</sup> Avenue  
Bozeman, MT 59715  
585-9832

**Host Family Application**

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Please check primary contact)

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell : \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Children &/or other household members:

Name	Gender	Date of Birth	Living at home?
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

If children/household members do not live at home year round, please explain.

\_\_\_\_\_

Religious affiliation (if any) \_\_\_\_\_

Would student be expected to participate in your religious activities? \_\_\_\_\_

Hobbies/Sports/ Interests \_\_\_\_\_

List any countries you have visited. \_\_\_\_\_

Have you ever hosted before? \_\_\_\_\_ If yes, describe. \_\_\_\_\_

\_\_\_\_\_

Does anyone in your house smoke indoors? \_\_\_\_\_

Do you allow smoking in your home? \_\_\_\_\_

Indoors OK \_\_\_\_\_ Outdoors only \_\_\_\_\_ Neither indoors or out \_\_\_\_\_

What is the weekly schedule of heads of household, i.e. work, regular evening plans \_\_\_\_\_

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List any pets \_\_\_\_\_

Number of bedrooms in your home \_\_\_\_\_ bathrooms \_\_\_\_\_

Would student's room be on the 1<sup>st</sup> floor \_\_, 2<sup>nd</sup> floor \_\_, basement \_\_ daylight basement \_\_?

Would student's bathroom be shared \_\_\_\_, private\_\_\_\_?

Can you provide transportation to school? \_\_\_\_\_

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REFERENCES (no relatives please)

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Name	Relationship	Home/Work Phone #
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Name	Relationship	Home/Work Phone #
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How did you learn about our host family program? \_\_\_\_\_

HOST SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_