

Name of applicant

Soc. Sec. No.

HOUSING QUESTIONNAIRE *Two housing options are offered. Indicate your preference.*

Apartment with other students

Spanish family housing

1. Have you ever lived in a large city? yes no Where? When?

2. How important is the social prestige of a family? (e.g. father's profession?)

3. How independent do you consider yourself? very fairly not very

4. Are you equally at ease with persons of all ages? yes no or only with your age group? yes no

5. Do you enjoy young children? yes no 6. Do you enjoy social gatherings? yes no

7. Are you interested in politics? yes no 8. How do you define yourself politically? Liberal Moderate Conservative

9. Do you have religious affiliations? yes no

10. Would you object to living in a household practicing a different religion? yes no

11. Would you object to living with persons of another race? yes no

12. Do you tend to keep your room neat and orderly?

13. Are you an early morning person or a late night person?

14. What profession are you considering?

15. Do you participate in sports? yes no Which?

16. Do you play a musical instrument? yes no Which?

17. What are your social interests and hobbies?

18. Do you smoke? yes no 19. Can you room with others who smoke? yes no

20. *Any comments not covered above?*

HEALTH INFORMATION. Students participating in the program need reliable health insurance. A copy of you insurance ID card should be attached to this completed questionnaire.

1. Do you have allergies or dietary restrictions? yes no If so, which ones? _____

2. Are you prone to pulmonary ailments? yes no 3. Do you tire easily? yes no _____

4. Are you sensitive to air pollution? yes no _____

5. Are you on special medication? yes no If yes, which one? _____

6. How would you characterize your health? _____

7. List any medical conditions which the program director should know about in case of emergency.

NOTE: All applicants are required to take a copy of their vaccination records. Should a student have an ailment and need to carry a large supply of drugs, a statement is needed by his/her doctor specifying the ailment, the name of the drug, and the amount to be taken. Please call for more information about this issue.
