



AMERICAN FRIENDSHIP PARTNER APPLICATION

First Name _____ Last Name _____

Male ___ Female ___

Do you have family living with you in America? Yes ___ No ___ School
attend: _____

Name(s) of spouse and children, if applicable (also give children's ages) _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Home country _____ Religion _____ Birth date _____

Home country address _____

Major and intended degree: _____ Do you have transportation? Yes ___ No ___

Interests and hobbies _____

Do you have any allergies or health problems? _____

Any diet (food or meat) restrictions? _____

Are you interested in being in a Bible study? _____ (Absolutely not necessary for having a Friendship Partner!)

Do you have a Friendship Partner preference?

No preference ___ Single person ___ Family with children ___ Couple without children ___

List the kinds of activities you would like to do with your American friend

I will meet with my American Friendship Partner at least once a month to build a friendship and exchange cultures. I would like to help my American Friendship Partner understand about my own country. I understand that I may have to wait until a Friendship Partner or family can be found for me.

Signature _____ Date _____

Please return this to:

Eric and Melody Craven, 5720 Grand Ave., Kansas City, MO 64113

You can reach them at (816) 363-1647 or ericmelody@netzero.net if you have any questions.