

Student's Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

**People to People  
Sheboygan County, Wisconsin USA - Esslingen, Germany  
Student Exchange Program**

**Application should be returned by November 15th to:**    **Please attach a photo of the applicant**

**Jon Keckonen**  
**1542 Golf View Dr. E.,**  
**Sheboygan, WI 53083**

### Note to Applicants and Parents:

The U.S. Department of State has published regulations governing the Exchange Visitor Program and specifically has outlined the information which must be obtained by Program Sponsors (in this case, People to People International - Sheboygan Chapter) from prospective host families. This application form contains questions required by those regulations. The information which must be collected on secondary school student host family applications can be found in Appendix F of 22 CFR Part 62. The income data collected will be used solely for the purpose of ensuring that the basic needs of the exchange students can be met, including three quality meals and transportation to and from school activities.

**NOTE:** The normal schedule has the Esslingen student arriving in mid-July and staying until mid-December. The American student goes to Esslingen the following year, in mid-February and stays until mid-July. **Any deviation from this schedule MUST have prior approval from both the City of Esslingen and People to People-Sheboygan.**

**I am applying to host a student in 20\_\_\_\_ and attend school in Esslingen in 20\_\_\_\_.**

Applicant: \_\_\_\_\_ Male\_\_\_\_ Female\_\_\_\_  
                     First                    Middle                    Last

**(List name EXACTLY as it appears or will appear on passport!)**

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Family E-mail Address: \_\_\_\_\_ Student E-mail: \_\_\_\_\_

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

Present age: \_\_\_\_\_ Date of Birth (month/day/year) \_\_\_\_\_

School: \_\_\_\_\_ Grade \_\_\_\_\_ Overall GPA \_\_\_\_\_

Guidance Counselor: \_\_\_\_\_ Phone: \_\_\_\_\_

Approximate size of student body: \_\_\_\_\_ Distance from home to school: \_\_\_\_\_

How will the exchange student get to school? \_\_\_\_\_

Would the family provide special transportation for extracurricular activities after school or in the evening if required? Yes \_\_\_\_ No \_\_\_\_

Student's Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Does any member of the household work for the school in a coaching, teaching, or administrative capacity? Yes \_\_\_\_ No \_\_\_\_

Has any member of your family had contact with a coach regarding the hosting of an exchange student with particular athletic ability? Yes \_\_\_\_ No \_\_\_\_

Number of years of German study including current year: \_\_\_\_\_ German GPA \_\_\_\_\_  
(Note: German language study is not a program requirement)

Parents' Marital Status: Married \_\_\_\_ Separated \_\_\_\_ Divorced \_\_\_\_ Widowed \_\_\_\_

Student resides with: Both parents \_\_\_\_ Mother \_\_\_\_ Father \_\_\_\_

Other \_\_\_\_ Describe relationship to student \_\_\_\_\_

Father's name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

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

Level of education: \_\_\_\_\_

Interests, community involvement: \_\_\_\_\_

\_\_\_\_\_

Mother's name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

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

Level of education: \_\_\_\_\_

Interests, community involvement: \_\_\_\_\_

\_\_\_\_\_

**Siblings:**

Name	D.O.B	Will he/she live at home during exchange student's presence?
_____	_____	Yes ____ No ____
_____	_____	Yes ____ No ____
_____	_____	Yes ____ No ____

Student's Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Does anyone in the family smoke? Yes \_\_\_\_\_ No \_\_\_\_\_

Has any member of your household ever been charged with a crime? Yes \_\_\_\_ No \_\_\_\_ If yes, explain in full. Also indicate date(s) of crime(s) and in which country and state each took place. (Attach a separate sheet if needed.)

Does any resident of the home have physical or mental disabilities? Y/N If yes, describe:

\_\_\_\_\_

Is the residence the site of a functioning business? Yes \_\_\_\_ No \_\_\_\_

**Pets:** (Number and type): \_\_\_\_\_

**Diet:**

Does anyone in the family follow any dietary restrictions? Yes \_\_\_\_ No \_\_\_\_

If yes, describe: \_\_\_\_\_

Would you feel comfortable hosting a student who follows a particular dietary restriction (Vegetarian, Vegan, etc.)? Yes \_\_\_\_ No \_\_\_\_

Would the family provide three (3) square meals daily? Yes \_\_\_\_ No \_\_\_\_

**Home Description:** U.S. Department of State Regulations require detailed information about the home in which the exchange student will be living. Applications are to include photos of the following: 1. Home exterior and grounds, 2. Kitchen. 3. Student's bedroom, 4. Student's bathroom, 5. Family and living areas.

Describe type of home (Single family home, Condominium, Duplex, Apartment, etc.):

\_\_\_\_\_

Describe primary rooms and bedrooms: \_\_\_\_\_

\_\_\_\_\_

How many bathrooms? \_\_\_\_ If student will share a bedroom, with whom? \_\_\_\_\_

Describe the room in which the student will stay. \_\_\_\_\_

\_\_\_\_\_

**Religious Affiliation:**

What is your family's religious affiliation/denomination/congregation? \_\_\_\_\_

How often do you attend religious services? \_\_\_\_\_

Student's Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Do you expect the student to attend religious services with your family? Y/N Students cannot be required to attend religious services. However, as part of the exchange, they are encouraged to experience this facet of U.S. culture at their discretion.

Would you feel comfortable hosting a student who attended services other than your own or did not attend religious services? Y/N

Will applicant have a part-time job during exchange? Yes \_\_\_\_ No \_\_\_\_

If so, where? \_\_\_\_\_ Number of hours/week? \_\_\_\_\_

**Family Activities:**

Language spoken in home: \_\_\_\_\_

Describe activities and/or sports each family member participates in: (ex: camping, hiking, dance, crafts, debate, drama, art, music, reading, soccer, baseball, horseback riding, etc.)

---

---

---

Describe your expectations regarding the responsibilities and behavior of the student while in your home: (ex. homework, household chores, curfew, computer/email, etc.)

---

---

---

Identify those personal expenses expected to be covered by the student: \_\_\_\_\_

---

**Community Information:**

In what type of community do you live (e.g.: Urban, Suburban, Rural, Farm)? \_\_\_\_\_

Population of community: \_\_\_\_\_

Nearest major city: (distance and population) \_\_\_\_\_

Nearest airport: (distance) \_\_\_\_\_ City or Town Website: \_\_\_\_\_

Briefly describe the host family's neighborhood and community: \_\_\_\_\_

---

---

What points of interest are near the area (parks, museums, historical sites, etc.): \_\_\_\_\_

---

---

Areas in or near your neighborhood to be avoided: \_\_\_\_\_

Student's Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

**Exchange Information:**

We would prefer to host a: Girl \_\_\_\_ Boy \_\_\_\_ Either \_\_\_\_

Have any family members lived or traveled abroad? Indicate when and where: \_\_\_\_\_

\_\_\_\_\_

Have you hosted an exchange student before? \_\_\_\_ If yes, when? \_\_\_\_\_

\_\_\_\_\_

For which exchange program? \_\_\_\_\_

U.S Department of State regulations prohibit families from hosting relatives. Is the student you plan on hosting related to you or anyone in the house? Yes \_\_\_\_ No \_\_\_\_

Will you be hosting more than one exchange student in your home at the same time? Yes \_\_\_\_ No \_\_\_\_

**Household Income: NOTE: This income data will be used solely for the purposes of ensuring that the basic needs of the exchange student can be met including quality meals and transportation to and from school activities.**

Less than \$25,000 ____	\$55,000 - \$65,000 ____
\$25,000 - \$35,000 ____	\$65,000 - \$75,000 ____
\$35,000 - \$45,000 ____	\$75,000 and above ____
\$45,000 - \$55,000 ____	

Does anyone residing in your home receive any kind of public assistance? Yes \_\_\_\_ No \_\_\_\_

If yes, explain: \_\_\_\_\_

\*\*\*\*\*

The Exchange Committee must schedule a personal visit to your home to meet with the applicant and family members. What is the best time to call to schedule this meeting? \_\_\_\_\_

A second individual interview with the applicant will be scheduled after the home visit.

\*\*\*\*\*

The following are also needed to complete the application:

1. Applicant's Statement
2. Parent's Statement
3. Guidance Counselor Recommendation
4. Instructor's Recommendation
- 5 Two Host Family Reference Recommendations

Student's Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

**People to People Sheboygan  
High School Student Exchange Program**

**Student Applicant's Statement**

**Please provide the responses to this section in a typed format and attach to the application.**

1. Write a short description of your home and neighborhood.
2. Describe yourself, your interests, and hobbies.
3. List organizations/clubs you belong to at school or in the community and any leadership responsibilities you have had.
4. Describe activities you enjoy with your family or friends, previous travel experience, and relationship with extended family members.
5. Why are you interested in participating in this People to People exchange program?
6. What do you see as your responsibilities to your exchange partner?
7. What do you want the committee to know about you that would set you apart from other applicants?
8. Please comment on personal strengths and on areas where you would like to improve.

I have read the program information sheet and this application, and I agree to the rules and the guidelines of the exchange program. I understand that flight arrangements are made by the exchange committee, and students will travel to and from Esslingen together. I also authorize my school to release information about my academic performance to the exchange committee.

Student signature \_\_\_\_\_ Date \_\_\_\_\_

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

Student's Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

**People to People Sheboygan  
High School Student Exchange Program**

**Parent's Statement**

Your insights into your son or daughter's personality, temperament, needs and interests will be most helpful in assisting us in placing him or her in an exchange which encourages growth, learning, and sharing. Your comments will also serve as an introduction to the exchange committee in Esslingen. We ask that you, as frankly and fully as possible, write about your son or daughter. You may use both sides of this sheet. Please consider the following:

- Overall personality
- Relationship with you and each member of your immediate family
- Relationship with others (peers, adults, relatives, the elderly, and young children)
- Reactions to disagreements and discipline
- Reactions to being away from the family in the past
- Factors which should be considered in placing your child, including dietary restrictions, physical or health limitations, and other pertinent medical information

Please provide the responses to this section in a typed format and attach to the application.

Student's Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

**People to People Sheboygan  
High School Student Exchange Program**

**Student's Guidance Counselor Recommendation**

**Submit this page to your Guidance Counselor. Attach a stamped envelope addressed to:  
Jon Keckonen  
1542 Golf View Dr. E.,  
Sheboygan, WI 53083**

Applicant's Name \_\_\_\_\_

Guidance Counselor's Name \_\_\_\_\_

School: \_\_\_\_\_ Phone Number \_\_\_\_\_

How long have you known this student? \_\_\_\_\_

Student's overall GPA \_\_\_\_\_ GPA last semester \_\_\_\_\_

On a separate piece of paper, please answer the following questions to the best of your ability.

1. Students are expected to have a 3.0 GPA for participation in this program. If this student's GPA is below this average, and you believe he/she would still be a good candidate, please explain.
2. From your experience with this student please describe this student's behavior in a classroom with respect to authority, peers, class participation, group activities and individual schoolwork.
3. What talents, interests and skills does this student have to contribute to others (e.g., school, community, host family)?
4. Research indicates that the factors listed below are important for successful intercultural adjustment: curiosity, open mindedness, tolerance for differences, strong sense of self, self motivation, ability to tolerate failure, adaptability/flexibility, positive and realistic expectations, sense of humor, ability to communicate, positive regard for others. Please assess the student's strengths and weaknesses with respect to these factors. When possible, please provide specific examples.

Would you recommend this student for the five-month hosting and five-month study in the Esslingen student exchange program?

\_\_\_\_ Highly recommend \_\_\_\_ Recommend \_\_\_\_ Recommend with reservations \_\_\_\_ Not recommend

\_\_\_\_\_  
Guidance Counselors signature

\_\_\_\_\_  
Date

**Guidance Counselor: Mail this form directly to the exchange committee member. If the applicant is accepted for the exchange, we will send you further information about the German student who will be at your school from August – December. The American student will be in Esslingen the second semester.**



Student's Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

**People to People Sheboygan  
High School Student Exchange Program**

Submit this page to one of your academic instructors. Attach a stamped envelope addressed to:

**Jon Keckonen  
1542 Golf View Dr. E.,  
Sheboygan, WI 53083**

**Instructor Recommendation**

Applicant's Name \_\_\_\_\_

Instructor's Name \_\_\_\_\_

School: \_\_\_\_\_ Phone Number \_\_\_\_\_

How long have you known this student? \_\_\_\_\_

Number of semesters of German completed (if applicable) \_\_\_\_\_ Grade average \_\_\_\_\_

Ability in conversational language: \_\_\_Excellent\_\_\_ Very Good \_\_\_Average\_\_\_ Needs Work

Student's interest in and ability to adapt to a different culture:  
\_\_\_\_\_Excellent\_\_\_\_\_ Very Good \_\_\_\_\_ Average \_\_\_\_\_ Needs Work

On a separate piece of paper, please answer the following questions to the best of your ability.

1. Students are expected to have a 3.0 GPA for participation in this program. If this student's GPA is below this average and you believe he/she would still be a good candidate, please explain.
2. From your experience with this student please describe this student's behavior in a classroom with respect to authority, peers, class participation, group activities and individual schoolwork.
3. What talents, interests and skills does this student have to contribute to others (e.g., school, community, host family)?
4. Research indicates that the factors listed below are important for successful intercultural adjustment: curiosity, open mindedness, tolerance for differences, strong sense of self, self-motivation, ability to tolerate failure, adaptability/flexibility, positive and realistic expectations, sense of humor, ability to communicate, positive regard for others. Please assess the student's strengths and weaknesses with respect to these factors. When possible, please provide specific examples.

Would you recommend this student for the five-month hosting and five-month study in the German student exchange program?

\_\_\_\_\_ Highly recommend \_\_\_\_\_ Recommend \_\_\_\_\_ Recommend with reservations \_\_\_\_\_ Not recommend

\_\_\_\_\_  
Instructor's signature

\_\_\_\_\_  
Date

**Instructor: Please mail this form directly to the exchange chairperson shown above.**

Student's Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

**People to People Sheboygan  
High School Student Exchange Program**

**Host Family Recommendation**

Submit this page to **2 references**; each should be someone that you have known for more than 3 years. This might be a neighbor, friend, community organization leader (not a relative).

**Attach a stamped envelope addressed to:**

**Jon Keckonen, 1542 Golf View Dr. E., Sheboygan, WI 53083**

Applicant's Name \_\_\_\_\_ Family Name \_\_\_\_\_

Name of reference: \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

How long have you known this family? \_\_\_\_\_ In what capacity? \_\_\_\_\_

Your relationship/interaction with the family \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In your opinion this family's ability to host a student from a different culture:

\_\_\_\_ Excellent \_\_\_\_ Very Good \_\_\_\_ Average \_\_\_\_ Needs Work

Would you recommend this family for the five-month hosting in Sheboygan?

\_\_\_\_ Highly recommend \_\_\_\_ Recommend \_\_\_\_ Recommend with reservations \_\_\_\_ Not recommend

Comments: If you would like to write more, please use the back or add pages.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Reference's signature

\_\_\_\_\_  
Date

**Reference: Please mail this form directly to the exchange committee member shown above**