

(Attach photo here)

Qualifications and Requirements:

- Applicants must have completed 9th grade by the time of the travel
- Applicants who have completed high school are not eligible to apply
- Applicants may currently be in their senior year and graduate prior to the travel date
- · Winner's family must agree to host a Compass USA student or direct exchange with AILI the same summer of travel
- The winner will write an account of their trip with photos as well as a short video summary of their trip. This information will be sent to Compass USA within two weeks of returning home

Qualified applicant must include the following items to create a completed application package:

- Current color photograph
- Typed AlLI Application (Please do not leave any empty fields. Use N/A when not applicable).
- Medical Health History
- Applicant Agreement Form
- Parent Release Form
- Blog/Photo Waiver
- Two Letters of Recommendation
 - The **two letters of recommendation** should include one from a teacher and one from a cultural source (coach, art teacher, language teacher, other)
- Project about a country or culture that is of interest
 - This entry can be a poem, an essay, a story, a picture, photograph, 3-D art piece, etc. that expresses your feelings about this culture.
 - Art projects may be photographed, songs or other oral compositions may be recorded and submitted digitally
 - Art project must be created exclusively for the AILI Scholarship
- Host family letter written in English with photos
- Host Family application
- Copy of current passport

No student application will be considered unless all parts of the application package are completed and received by **February 28**, **2025**. Application package should be submitted as single attachment to ailicontact@gmail.com.

Post Application Process

Candidates will be selected after the AILI board reviews the application package and will be invited for a Zoom interview on March 3rd or 4th, 2025. Applicants must be available during their scheduled interview time slot. Final selection will be based on the application package and interview as a whole. The scholarship recipients will be selected and announced on or before March 7th, 2025. Dates will vary for the cultural homestay travel between June 15th and August 15th depending upon destination and availability.

Please make sure everything is included in your application. Unfortunately, if all of these items are not turned in by **February 28**, **2025** you will not qualify for the scholarship. Don't miss out on this wonderful opportunity!

STUDENT APPLICATION

Legal Last Name								
Legal First Name								
Nickname								
COMPLETE Address	S							
(CITY, STATE, ZIP COD								
Student Cell Phone I	Number							
Student Email								
Date of Birth								
Age								
Gender								1
Are you a US Citizer		Yes	No		If no, are yo	ou a Permanent F	Resident?	
For Visa purposes if								
Resident, please list	nationality							
Passport Number								
List the year(s) you h	nave hosted in							
the past if any								
Program Coordinato	r's Name							
Father's Legal Name								
Father's Cell Phone	Number							
Father's Email								
Father's Occupation								
Mother's Legal Nam								
Mother's Cell Phone	Number							
Mother's Email								
Mother's Occupation								
	E	MERGENCY	CONTACT (not residin	g in the hon	ne)		
Legal Name								
Cell Phone Number								
Email								
			SIBLI	NGS				
Names						Ages		
	,							
Language(s) spoke	n at home							
			LANGUAGE					
	list all languages you							
Language	Years Studied	l Rea	ading	Writin	g	Speaking	Liste	ening
<u></u>								
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		PE	RSONAL INF	ORMATIO	N			
								ı

Have you ever lived or traveled outside of you	ur home country?	Yes	No	
If yes, where and when?				
	SCHOOL AT	TENDANCE		
What school are you currently attending?				
Grade Level (2024-2025)				
Other interests in school				
	FUTURE	PLANS		
Do you intend to continue your education upo	n completion of hig	h school? Yes	No	
What do you intend to study?		·		
What are your future career goals?				
Internate and Habita				

Interests and Hobbies

Please mark (X) all the things that you enjoy and mark (XX) the three activities that occupy most of your time.

(Dlagge ma		AND HOBBIES ((XX) the three activities that occupy most of your time)	
Reading	Watching Sports	Social Dancing	
Watching TV	Snowboarding	Dance (ballet, jazz, etc.)	
Movies	Skiing	Singing	
Sewing	Hiking	Playing Piano	
Cooking	Bicycling	Playing Guitar	
Tennis	Swimming	Playing instrument (please name):	
Photography	Orchestra/Band	Painting/Drawing	
Basketball	Gymnastics	Listening to Rock music	
Track & Field	Volleyball	Listening to Jazz music	
Baseball	Football	Listening to Classical music	
Indoor Games	Softball	Listening to music	
Social Clubs	School Clubs	Religion	
Other:			

Why did you apply for this scholarship program?	

HEALTH HISTORY

Please check and give approximate dates and/or details

Chicken Pox	Asthma	Fainting	Allergies
Measles	Frequent Ear Infections	Bedwetting	Hay Fever
German Measles	Heart Disease/Defect	Constipation	Ivy Poisoning, etc.
Mumps	Convulsions	Sleeping Disorder	Insect stings

	Epilepsy	Emotional Behavior	Penicillin	
Rheumatic Fever Tuberculosis	Diabetes	Arthritis	Other Drugs	
Kidney	Bleeding/Clotting Disorders	Disability or recurring illness	Food	
Hypertension	Mononucleosis	Abnormal Menstruation or PMS	Other (please list)	
Psychiatric Treatment	Eating Disorder	Autism or other disability		
Other (please explain)				
Please describe conditions	and give dates			
Operations or serious injuries				
Hospitalizations:				
Other diseases/disabilities				
The child is under the care o physician for the following condition(s)	fa			
	ed during the homestay progran	n Yes	No	
		- INCLUDE DOSAGE AND ANY POTENT	TIAL HARMFUL INTERACTIO	NS (e.g
		- INCLUDE DOSAGE AND ANY POTENT	TIAL HARMFUL INTERACTIO	NS (e.g
food, medications, environ	nmental)	- INCLUDE DOSAGE AND ANY POTENT		NS (e.g
food, medications, environ	nmental) e and accurate. My child has pe			NS (e.g
food, medications, environ his health history is complete xamining physician.	e and accurate. My child has pe	ermission to engage in all activities, excep		NS (e.g
his health history is complete xamining physician. Parent/Guardian Signate selected, I agree to do the form	e and accurate. My child has peture APPLICA	ermission to engage in all activities, excep Date		NS (e.g
his health history is complete xamining physician. Parent/Guardian Signat selected, I agree to do the form to treat my host fam	e and accurate. My child has peture APPLICA collowing: nily with respect	ermission to engage in all activities, excep Date		NS (e.g
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his health history is complete xamining physician. Parent/Guardian Signate Selected, I agree to do the form of the form of the selected o	e and accurate. My child has perture APPLICA collowing: nily with respect ly's daily schedule Il chores (make my bed every de	ermission to engage in all activities, excep Date ANT AGREEMENT ay, pick up after myself etc.)	t as noted by me and the	NS (e.g
his health history is complete xamining physician. Parent/Guardian Signat selected, I agree to do the form to treat my host fam Follow my host fami Help with household	e and accurate. My child has perture APPLICA collowing: nily with respect ly's daily schedule it chores (make my bed every devith photos at the conclusion of	ermission to engage in all activities, excep Date ANT AGREEMENT	t as noted by me and the	NS (e.g.

PARENTAL AGREEMENT

My child has my permission to apply for and to participate in a scholarship exchange program sponsored by AILI, American International Learning Institute, Compass USA and their partners.

Our family agrees to the following terms:

- We understand that we agree to host a scholarship recipient or other short-term homestay participant in the summer of 2024. If our child has the opportunity to participate in a mutual exchange program, we agree to host the student whose family hosts our child. (Please note that Compass USA tries to make this a genuine exchange; so that your child is hosted by a scholarship winner's family from another country and your family in turn will host the scholarship winner. This is not always possible, but it is our goal.)
- We understand that we will not receive a homestay stipend for hosting a scholarship student.
- We understand that we are responsible for airport transfers in the USA, personal spending money, passport or and any necessary visas (required for China).
- If our child misses his/her flight, we understand that we will be responsible for covering any costs that may be incurred to rebook the flight. If our child fails to travel on the scholarship program, we will be responsible to reimburse AILI for the flight cost.
- We understand that we are responsible for any UM required airline fees for our child.
- We understand that we will pay a \$75 travel deposit prior to receipt of our child's flight information. This deposit will be
 refunded upon receipt of our child's letter, photos and video summary submitted to AILI within two weeks after our child's
 return to the USA. If our child fails to submit these documents, the \$75 will be donated to AILI.

Parent/Guardian Signature	Date
Applicant Signature	Date

Photo and Blog Release Waiver

- I hereby grant AILI permission to use my essay answers and my likeness in a photograph in any and all of its publications, including website entries and blogging, without payment or any other consideration. I understand and agree that these materials will become the property of AILI and will not be returned
- I hereby irrevocably authorize AILI and Compass USA to edit, alter, copy, exhibit, publish or distribute this photo for
 purposes of publicizing AILI or Compass USA programs or for any other lawful purpose. In addition, I waive the right to
 inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I
 waive any right to royalties or other compensation arising or related to the use of the photograph
- I hereby hold harmless and release and forever discharge AILI and Compass USA from all claims, demands, and causes
 of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on
 behalf of my estate have or may have by reason of this authorization

If the person signing is under age 21, there must be consent by a paren	nt or guardian, as follows:
I hereby certify that I am the parent or guardian of without reservation to the foregoing on behalf of this person.	, named above, and do hereby give my consent
Parent/Guardian Signature	Date
Parent/Guardian Printed Name	Date

STUDENT HOST FAMILY LETTER INSTRUCTIONS

On the next page please write a letter to your host family (Dear Host Family) in English to introduce yourself. If you are selected, your host family is interested to know about you. Please be sure to write about each of the following topics and feel free to include anything else that you would like to say about yourself.

- Describe your family, home, school and pets
- Describe your responsibilities at home and school. What activities in school and in your community are important to you?
- Explain your reasons for wanting to travel overseas and especially your reasons for wanting to live with an international family
- Describe other experiences where you have been away from home. (Camp, overnight with a friend etc.)
- Attach candid photos of yourself, friends and family

Dear Host Family,	



HOST FAMILY MATCHING FORM

Student Name:				Stud	Student Number:							
Student Arrival	Date:			Stud	Student Departure Date:							
Arrival Date wit	h Host Family	<i>y</i> :		Depa	Departure Date with Host Family:							
Coordinator:			Phone	Number:	mber: Email A				ddres	ss:		
Supervisor:			Phone	Number:	nber: Email A				ddres	ss:		
Notes:									Pro	gram #:		
										nestay Cor	nmunity:	
									Air	oort Code:		
Host Family								I				T
Host Family Name (First & & Phone #				ress	Si	treet Ad	dress			City	State	Zip
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Mailing Address	<u> </u>		address		A . I . I / .	· · · · · · · · · · · · · · · · · · ·						
Number of year Host Father Leg		<mark>ess</mark>		Previous	Address (I	t less tr	nan 3 y	ears)				
First Name	gai Name Middle	Last Nar	me	DOB:	Δ	<mark>.ge</mark>	00	ccupation		Work	T	
i ii ot i taine	Name	Last Hai		MM/DD/YY	_	.gc		ocupation		Phone Phone		
rune in									Cell Phon	e		
Host Mother Le						1						
First Name	Middle Name	Maiden	Name	Last	DOB: MM/DD	Age	O	ccupation		Work		
	Name			Name	טט/ווווו					Phone Cell Phon		
Additional Fam	ilv Members									Cell I IIOII	<u> </u>	
First Name	Middle Middle	Last N	<mark>ame</mark>	Male/	DOI	<mark>B:</mark>	Age			Int	erests	
	Name			Female Person 1	MM/DI	D/YY						
Sleeping Arr	angements		Own Ro	<mark>om</mark>	<mark>Sha</mark>	red Roo	<mark>om</mark>			<mark>lf shared,</mark>	with who	<mark>om?</mark>
The primary fo	cus of a home			nip between following are							y prograr	n is not a "teen"
Chu	ırch Youth Gr	oup N	eighborh	nood Teens	Comr	nunity (Center	Famil	у Ме	mbers/Frie	nds (Other

	Animals	Bicyclin	g (Cooking	Golf	Music	Snow Sports	Travel
Family Interests Sports	Art	Boating	9	Crafts	Horse Riding	Musical Instruments	Soccer	Video Games
Hobbies Activities	Baseball	Campin	g	Dance	Movies	Reading	Swimming	Religion
71011711100	Basketball	Compute	ers	Fishing	Museums	Skating	Tennis	Other
Family Pets	Dog:	C	at:		Reptile:		Other:	
Smoker in Hos	st Family?				Return Compas	s USA Host Fam	nily?	
OFFICE USE (ONLY	B/C	W/E	W/P	F1	F2	CHG	HF DB