



Youth For Understanding USA

**INSTRUCTION SHEET**  
*Community College Program*

Name \_\_\_\_\_  
*Last (Family) Name*                      *First (Given) Name*

**PLEASE READ CAREFULLY**

Welcome to the application for the Community College Program (CCP)! We are excited about your interest in the CCP and look forward to receiving your COMPLETE application packet.

***Age Requirements and Dormitory Option with Mentor Family*** \_\_\_\_\_

Students must be between the ages of 17 and 23 at the time of arrival. The Dormitory Stay/Mentor Family Option is available on a first-come, first-serve basis to students between 19 and 23 years old in their first year of the two-year Degree Program or in the Certificate Program (one academic year). This option may be of interest to students who are used to living independently. The Dormitory Option is available at limited colleges. Students will be assigned to live with an American roommate and assigned to a mentor family. The mentor family will provide housing and meals during orientation and holidays. Students live in the campus dormitory during academic sessions. There is a supplemental cost for this option, which includes a limited meal plan during school sessions; please ask a representative of your national YFU office for further details.

***Photographs of YOU!*** \_\_\_\_\_

Yes, you! We need these for application processing and host or mentor family placements. We need four small smiling headshot photos and three to five informal photos of you with family, friends, pets, etc. You may tape or glue these onto the application where noted.

***English Requirement*** \_\_\_\_\_

- You will either need to take the CELT test at the YFU office or register to take the TOEFL exam (Test of English as a Foreign Language). We encourage you to take the TOEFL exam and send your scores directly to our offices using code number: 7049 Youth For Understanding Community College Program.
- You may prepare for this exam. Order your TOEFL Bulletin and other study materials online at <https://www.toefl.org> or <http://www.ets.org/store.html>. You may also call ETS at 1-609-771-7243 or TOEFL at 1-609-771-7100
- A minimum score of 200 CELT or 500 TOEFL is required for all programs except the English Language Program. Your score determines your appropriate language level for English as a Second Language (ESL) courses as well as whether you can enroll in credit courses during the first semester/quarter. Please be prepared to be re-tested at the college during orientation.

***Host or Mentor Family*** \_\_\_\_\_

YFU-approved host and mentor families reflect the diversity of backgrounds, lifestyles and family structures of US families today. A two-parent household with children at home or grown children away at college, a single person, a single parent with children, a retired person or couple are examples of families involved with the YFU Community College Program. If you have any concerns about your future host family or mentor family, please explain them on a separate sheet of paper. While YFU can make no guarantees, effort will be made to accommodate your concerns.

Please use the checklist located on page A1 to confirm you have submitted all parts of the application and supporting documents.



Youth For Understanding USA

**INSTRUCTION SHEET**  
*Community College Program*

Name \_\_\_\_\_  
*Last (Family) Name*                      *First (Given) Name*

**PLEASE READ CAREFULLY**

To all YFU National Organizations: Feel free to copy the application forms for all interested students.

Welcome to the revised application for the Community College Program (CCP)! Please discard any previous versions of this application, as we will be unable to accept them. We are excited about your students' interest in the CCP and look forward to receiving their COMPLETE application packets. A checklist is located on page A1.

***Age Requirements and Dormitory Option with Mentor Family***\_\_\_\_\_

Students must be between the ages of 17 and 23 at the time of arrival. The Dormitory Stay/Mentor Family Option is available on a first-come, first-serve basis to students who are 19-23 years old in their first year of the two-year Degree Program or in the Certificate Program (one academic year). This option may be of interest to students who are used to living independently. The Dormitory Option is available at limited colleges. Students will be assigned to live with an American roommate and assigned to a mentor family. The mentor family will provide housing and meals during orientation and holidays. Students live in the campus dormitory during academic sessions. There is a supplemental cost for this option (as noted in the CCP Pricing Summaries), which includes a limited meal plan during school sessions.

***English Requirement***\_\_\_\_\_

- Your students will either need to take the CELT test at the YFU office or register to take the TOEFL exam (Test of English as a Foreign Language). We encourage you to have the student take the TOEFL exam and send their scores directly to our offices using code number: 7049 Youth For Understanding Community College Program.
- TOEFL Advantage: Students may prepare and study for the exam. Students can order the TOEFL Bulletin and other study materials online at <http://www.toefl.org> or at <http://www.ets.org/store.html>. They may also call ETS at 1-609-771-7243 or TOEFL at 1-609-771-7100.
- A minimum score of 200 CELT or 500 TOEFL is required for all programs except the English Language Program. Your score will determine the appropriate language level for English as a Second Language (ESL) courses as well as whether the student can enroll in credit courses during the first semester/quarter. Students should be prepared to be re-tested at the college during orientation.

***Application Deadlines***\_\_\_\_\_

Deadlines have been established to ensure timely processing of student files and host family recruitment efforts. National Organizations should provide YFU USA with COMPLETE files by the following deadlines:

December/January arrivals: October 1  
August/September arrivals: April 1

Please send files to the YFU USA Community College Program office. Send COMPLETE files on an on-going basis.

**Applications without CELT or TOEFL scores will not be processed until such scores are received by our office.**



Youth For Understanding USA

**PROGRAM DETAILS**  
*Community College Program*

Name \_\_\_\_\_  
*Last (Family) Name*                      *First (Given) Name*

**PROGRAM ELIGIBILITY INFORMATION**

Based on past experience and in consultation with YFU Partner Community Colleges, the guidelines listed below are offered for students with the following scores (for computer-based TOEFL, please use the official TOEFL Concordance table to convert scores):

CELT	TOEFL	Eligible Programs
200 or higher	500 or higher	<b>Academic Semester, Certificate Program or Degree Program</b>
180 – 200	450 – 500	<b>English Language Program</b> For Year Program students: ESL first semester, then <i>may be</i> eligible for some academic courses second semester*
Below 180	Below 450	<b>English Language Program</b> ESL classes only for full program

\*Note: all students should be prepared to be re-tested at the college both first and second semester

***Representative Courses at Community Colleges***

Community colleges offer academic and liberal arts courses as well as technical and vocational programs. The following provides an overview of the courses generally offered at a community college. Please note that not all courses and subjects listed are available at every college. Some colleges may offer fields not listed below. CCP staff will make every reasonable effort to assign students to a college that best matches their academic needs and extracurricular interests, as noted on the CCP application.

**Academic Courses**

- American Studies
- Art
- Drama
- Communications
- Earth Sciences (i.e. geology)
- Economics
- Education (i.e. elementary)
- ESL
- History
- Journalism; Photojournalism
- Literature
- Music
- Nutrition
- Physics
- Political Science/Government
- Psychology and Sociology
- Public Health
- Sciences (biology, chemistry)
- Sports Education

**Technical/Occupational Courses**

- Agricultural Studies
- Automotive Technologies
- Carpentry
- Computer Technologies
- Cosmetology
- Engineering - general and specific fields
- Machine/Tool and Manufacturing Technologies
- Optical Technology
- Telecommunications

**Business Studies**

- Business Management
- Finance/Accounting
- Health Services Management
- Marketing/Sales

**Computer Science**

- Computer Programming
- Computer-Aided Design/Graphics
- Software Applications
- Networking
- Web Design and related courses

**Environmental Studies**

- Conservation & Ecology
- Fish & Game Management
- Forestry & Parks Management
- Water Resources & Wildlife Management
- Zoology



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# A1

## STUDENT INFORMATION Community College Program

Name \_\_\_\_\_  
Last (Family) Name First (Given) Name

### STUDENT FILE DOCUMENT CHECKLIST

The following documents should be sent with file:	If not included, date when document will be sent:
<input type="checkbox"/> A 1-2 Student Information	
<input type="checkbox"/> B 1-5 Placement Information	
<input type="checkbox"/> C 1-2 Health and Dental Certificates	
<input type="checkbox"/> D 1-3 Essay Questions	
<input type="checkbox"/> E 1 Evaluation and Recommendation	
<input type="checkbox"/> F 1-2 Student and Parent Agreement	
<input type="checkbox"/> Copy of current passport	
<input type="checkbox"/> CELT or TOEFL scores	
<input type="checkbox"/> Transcripts (academic history & proof of graduation)	
<input type="checkbox"/> Photographs (4 passport & 3-5 candid, i.e. family, friends)	

This page will help YFU USA match students with the appropriate community college and host or mentor family. YFU wants to make your experience as meaningful and rewarding as possible. It is your responsibility to answer honestly. Please type or print legibly in black ink. ANSWER ALL QUESTIONS.

Student Name:

\_\_\_\_\_  
Last (family) name First (given) name Middle name

Check Applicable Program	Check program start time	
<input type="checkbox"/> Academic Semester Program*	January <input type="checkbox"/>	Fall <input type="checkbox"/>
<input type="checkbox"/> Certificate Program (one academic year)		
<input type="checkbox"/> Degree Program (two academic years)		
<input type="checkbox"/> English Language Program: Academic Semester		
<input type="checkbox"/> English Language Program: Academic Year		

\*Please note some YFU Partner Community Colleges operate on a quarter-based system

Check one:	
CELT <input type="checkbox"/>	Score: _____
TOEFL <input type="checkbox"/>	_____

Years Studied English: _____
---------------------------------

1. Applicants with CELT score above 180, list courses interested in taking at community college. Be specific.

A.	B.	C.
D.	E.	F.

2. All applicants, list extra-curricular activities/interests wanting to pursue at community college or in the community (be specific and list in order of preference)

A.	B.	C.
D.	E.	F.

3. Residence Option (first year):  Dormitory (ages 19-23, available only at select colleges)  Host Family



Youth For Understanding USA

# A2

## STUDENT INFORMATION Community College Program

Name \_\_\_\_\_  
Last (Family) Name First (Given) Name

### STUDENT INFORMATION

Student Name

\_\_\_\_\_  
Last (family) name First (given) name Middle name

\_\_\_\_\_  
Street Address City

\_\_\_\_\_  
Postal Code State/Province Country

\_\_\_\_\_  
Telephone (country/city/area code) number Email address (write each character clearly)

Student Birthdate: Check month and fill in the day and year.

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec / \_\_\_\_\_ / \_\_\_\_\_  
Day Year

Gender	
Male <input type="checkbox"/>	Female <input type="checkbox"/>

Student Citizenship Information

\_\_\_\_\_  
City of birth Country of birth

\_\_\_\_\_  
Country of citizenship

### FAMILY INFORMATION

I live with (check all that apply):

- Both parents together       Mother only       Father only  
 Alone       Other: \_\_\_\_\_

Parent or guardian 1:      Ms. Mrs. Mr.

Parent or guardian 2:      Ms. Mrs. Mr.

\_\_\_\_\_  
Name (last) (first)

\_\_\_\_\_  
Name (last) (first)

\_\_\_\_\_  
Address (if different from your own)

\_\_\_\_\_  
Address (if different from your own)

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Employer's name

\_\_\_\_\_  
Employer's Name

Siblings:

Emergency contact, if parents are unavailable:

\_\_\_\_\_  
Name Age Gender

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Name Age Gender

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name Age Gender

\_\_\_\_\_  
E-mail Telephone number



Youth For Understanding USA

# B1

## PLACEMENT INFORMATION Community College Program

Name \_\_\_\_\_  
Last (Family) Name First (Given) Name

### ACADEMIC AND LANGUAGE BACKGROUND

#### Education History

1. What type of institution do you currently attend?

Secondary:                       Academic     Vocational     Technical     Other \_\_\_\_\_

Post-secondary/University:     Academic     Vocational     Technical     Other \_\_\_\_\_

2. Do you normally live at home while attending school?                       Yes             No

If no, please explain: \_\_\_\_\_

3. How many years of pre-university study exist in the school system in your country? \_\_\_\_\_

4. Do you have a secondary school diploma?                       Yes             No

If yes, which one and what was your completion date? \_\_\_\_\_

If no, what is your estimated completion date? \_\_\_\_\_

5. If you have graduated from secondary school, what are you currently doing?

\_\_\_\_\_

Institution History: Please list secondary school, previous or current university studies, etc.

Name of institution City and Country	Dates of Attendance (mm/yy) Include both start and end dates	Classes taken or major field of study
1.		
2.		
3.		

Language Skills: Estimate your ability in foreign languages (not your native language) by circling the letter corresponding to your evaluation.            E= Excellent    G= Good    L=Limited    P= Poor

Language	Years Studied	Speaking	Reading	Writing
		E G L P	E G L P	E G L P
		E G L P	E G L P	E G L P
		E G L P	E G L P	E G L P



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**B2**

**PLACEMENT INFORMATION**  
*Community College Program*

Name \_\_\_\_\_  
*Last (Family) Name*                      *First (Given) Name*

**EDUCATIONAL PLANS AT THE COMMUNITY COLLEGE**

The following questions will be used to determine your placement at a YFU partner community college. It is essential that you answer all questions completely. Please be specific and remember that YFU decides at which college you are placed. If you need additional space, please attach a separate sheet.

- 6. **Only Degree, Certificate, and Academic Semester students should answer this question.** In at least 35 words, explain why you have chosen to study at a US community college. What courses are you planning to take?

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- 7. **Only English Language Program students should answer this question.** In at least 35 words, please explain why you want to study English with YFU; include at least three reasons why learning English is important to you.

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- 8. How do you plan to educate your host community about your home country?

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- 9. What are your plans after completing the Community College Program?

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- 10. What are your career plans?

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**B3**

**PLACEMENT INFORMATION**  
*Community College Program*

Name \_\_\_\_\_  
*Last (Family) Name*                      *First (Given) Name*

**SPECIAL INTERESTS, ACTIVITIES, AND RESPONSIBILITIES**

The following questions will help the Campus Coordinator place you with a compatible host or mentor family. Please include all information that you think would help the coordinator find a family that meets your needs. Please remember that YFU cannot guarantee all requests and/or preferences.

11. What types of activities do you and your family do together, and how often? What are your jobs or responsibilities at home?

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

12. Will you have a driver's license by the time you come to the US?     Yes     No  
If no, do you plan on getting a driver's license while in the US?     Yes     No  
Do you plan on buying a car while in the US?                             Yes     No

13. What, if any, musical instrument(s) do you play now, and how often?

Instrument \_\_\_\_\_ since when? \_\_\_\_\_ how often? \_\_\_\_\_  
Instrument \_\_\_\_\_ since when? \_\_\_\_\_ how often? \_\_\_\_\_

14. What sports, if any, do you participate in now, and how often?

Sport \_\_\_\_\_ since when? \_\_\_\_\_ how often? \_\_\_\_\_  
Sport \_\_\_\_\_ since when? \_\_\_\_\_ how often? \_\_\_\_\_  
Sport \_\_\_\_\_ since when? \_\_\_\_\_ how often? \_\_\_\_\_

15. Describe other interests, hobbies, or activities that you have (e.g. art, literature, computers, etc.)

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

16. What groups do you belong to or participate in? (e.g. clubs, scouts, church youth groups, etc.)

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

17. Please list, in order of importance, any interests/activities which you would like to continue, if possible, at the college or in your home.

A. \_\_\_\_\_ C. \_\_\_\_\_  
B. \_\_\_\_\_ D. \_\_\_\_\_

**I understand participation in school sports or clubs is NOT guaranteed in the USA.**  
Student signature: \_\_\_\_\_

18. Please describe previous travel outside of your home country, if any:

Country \_\_\_\_\_ Dates \_\_\_\_\_ Purpose \_\_\_\_\_  
Country \_\_\_\_\_ Dates \_\_\_\_\_ Purpose \_\_\_\_\_  
Country \_\_\_\_\_ Dates \_\_\_\_\_ Purpose \_\_\_\_\_





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**B4**

**PLACEMENT INFORMATION**  
*Community College Program*

Name \_\_\_\_\_  
*Last (Family) Name*                      *First (Given) Name*

**RELIGIOUS AFFILIATIONS**

Keep in mind your host family may have a different religious affiliation or different practices than you have, or may not practice any religion.

19. Your religion (Be specific: Roman Catholic, Baptist, Orthodox Jewish, non-religious, etc.)

\_\_\_\_\_

20. How often do you currently attend religious services in your home country?

- Regularly (once or more per week)
- Occasionally (once or more per month)
- Seldom (less than once per month)
- Never

21. Are you interested in attending religious services in your host country?

- My own:       None       Weekly       Occasionally       Never
- My host family's (if different):  Weekly       Occasionally       Never

**HEALTH AND DIETARY NEEDS**

To assist the community college Campus Coordinator in making an appropriate placement, indicate if you have any special needs or restrictions because of medical, religious or personal preferences, such as vegetarian. If you need more space for explanation, please attach another sheet.

22. Do you have any DIETARY restrictions?                       Yes       No

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

23. Do you have any HEALTH restrictions?                       Yes       No

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

24. Do you have any medical or other restrictions which could affect your ability to participate in the CCP (e.g. living with a host family; attending class; sport activities, etc.)?  Yes       No

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

25. Do you have any ALLERGIES?                       Yes       No

What type of allergies do you have (e.g. hay fever, asthmas, skin, milk, animals, grass, etc.)?  
Please be very specific.

\_\_\_\_\_

What treatment (if any) is required? \_\_\_\_\_

How is the medication taken?       Orally       Injected by doctor       Injected by self

Will you bring the medication with you?                       Yes       No



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**B5**

**PLACEMENT INFORMATION**  
*Community College Program*

Name \_\_\_\_\_  
*Last (Family) Name*                      *First (Given) Name*

Which conditions, if any, must be avoided to keep the allergy under control?

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26. Can you live in a home with pets?  Yes       No

If no, please specifically explain your reasons, (e.g. allergies, fears, etc.) and the specific types of animals that cause problems for you.

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27. Do you SMOKE?  Yes       No

If yes, how much?

Frequently (>10 cigarettes/day)     Moderately (5-10 cigarettes/day)     Infrequently (<4 cigarettes/day)

If no, can you live in a home where other people smoke?  Yes       No

If you cannot live in a home where others smoke, please explain why:

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I understand that there may be laws restricting smoking in my host country, host college, or that my host (or mentor) family may have objections regarding smoking in their home. I agree to honor these laws or restrictions.

\_\_\_\_\_  
*Student signature if he/she agrees to above statement*

**End of Section A/B: Student Placement**



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# C1 STUDENT HEALTH CERTIFICATE Community College Program

Name \_\_\_\_\_  
Last (Family) Name First (Given) Name

## RELEASE

I/We authorize the doctor and dentist to release the information requested and if necessary, to discuss our son's/daughter's/my health with representatives of YFU. I/We affirm that all of the medical information released to YFU is complete and truthful to the best of our knowledge. I/We agree to authorize the YFU program or the host family to act for us in any emergency, accident or illness. I/We agree that YFU, its personnel and representatives shall not have any liability for taking or authorizing any such action or treatment, or other consequences arising from or in connection with my/our son's/daughter's participation in a YFU program. I/We agree to be responsible for, and to pay promptly, any bills for medical, optical, dental or related services, or treatment authorized by YFU, whether or not such services are covered by insurance. If I/our son/daughter has a recurrence of any previous illness, condition or anything contracted before leaving home, we, the undersigned, authorize the YFU program to release our son/daughter to our personal care. I/We will not hold YFU responsible for any debts incurred by this or any other illness or condition, and we agree to pay for the return travel of our son/daughter.

Parent or Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

## CERTIFICATE OF DENTAL HEALTH

I have examined the teeth of this student and certify that they are in satisfactory condition.

Dentist's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dentist's Name Printed: \_\_\_\_\_ Phone: \_\_\_\_\_

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

## CERTIFICATE OF GENERAL HEALTH

Physicians, please note:

- This student will participate in an exchange program that involves living overseas with a host family. Please provide detailed information on any condition that could: 1) impact the home chosen for the student or his/her adjustment to another culture; 2) restrict participation in activities; or 3) possibly require treatment overseas.
- Please type or print legibly in BLACK INK and write in English. Upon completion of this form, return it to the student. Thank you for your assistance.

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of examination: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  M  F

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Blood Pressure: Sys: \_\_\_\_\_ Dia: \_\_\_\_\_ Pulse rate: \_\_\_\_\_ Regular?  Yes  No

Are reflexes normal? Pupil:  Yes  No Knee:  Yes  No Other: \_\_\_\_\_

1. Has the student ever received treatment, attention, or advice from a physician or other practitioner for, or been told by any physician or practitioner that such person had:

1. Allergies*	<input type="checkbox"/> Yes <input type="checkbox"/> No	14. Malaria	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	15. Measles (rubeola)	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Appendicitis	<input type="checkbox"/> Yes <input type="checkbox"/> No	16. Mumps (rabula inflans)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has appendix been removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	17. Pneumonia	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Arthritis	<input type="checkbox"/> Yes <input type="checkbox"/> No	18. Rheumatic fever	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Cancer	<input type="checkbox"/> Yes <input type="checkbox"/> No	19. Scarlet fever	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Chicken Pox (Varicella)	<input type="checkbox"/> Yes <input type="checkbox"/> No	20. Serious or persistent cough	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	21. Serious or persistent headaches	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Eating disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	22. Frequent or chronic strep throat	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Emotional difficulties	<input type="checkbox"/> Yes <input type="checkbox"/> No	23. Tuberculosis	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Enuresis/Bed wetting	<input type="checkbox"/> Yes <input type="checkbox"/> No	24. Typhoid fever	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Epilepsy	<input type="checkbox"/> Yes <input type="checkbox"/> No	25. Ulcers	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. German measles (rubella)	<input type="checkbox"/> Yes <input type="checkbox"/> No	26. Vertigo, dizziness	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Hernia	<input type="checkbox"/> Yes <input type="checkbox"/> No	27. Whooping cough (pertussis)	<input type="checkbox"/> Yes <input type="checkbox"/> No



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# C2 STUDENT HEALTH CERTIFICATE

*Community College Program*

Name \_\_\_\_\_  
*Last (Family) Name*
*First (Given) Name*

**2. Any disease, impairment, or abnormality of:**

- a. Blood or endocrine system      Yes  No
- b. Bones, joints, or locomotor system Yes  No
- c. Brain or nervous system      Yes  No
- d. Ears or hearing      Yes  No
- e. Eyes      Yes  No
- f. Genital-urinary system      Yes  No
- g. Heart or blood vessel      Yes  No
- h. Lungs, respiratory system      Yes  No
- i. Other abdominal organs      Yes  No

- j. Ovaries, if female      Yes  No
- k. Menstrual disorders, if female      Yes  No
- l. Prostate or testes, if male      Yes  No
- m. Skin      Yes  No
- n. Stomach or digestive system      Yes  No
- o. Throat      Yes  No
- p. Thyroid      Yes  No
- q. Tonsils, nose      Yes  No
- Have tonsils been removed?      Yes  No

For all parts of Question 1 or Question 2 answered "yes", please give details: (Please print) Identify Question, Nature and severity of disease or disorder, specific diagnosis, frequency of attacks, and treatment\*

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**3. Has the student:**

a. Had any surgical operation not revealed in previous questions, or gone to a hospital, clinic, dispensary or sanatorium for observation, examination or treatment not revealed in previous questions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	a.
b. In the past 6 months taken any prescribed medication or been advised to restrict diet or living routine?	<input type="checkbox"/> Yes <input type="checkbox"/> No	b.
c. Ever used cocaine, barbiturates or other addictive drugs, except as medication prescribed by a physician or other practitioner?	<input type="checkbox"/> Yes <input type="checkbox"/> No	c.
d. Ever received treatment from a physician or other practitioner regarding the use of alcohol, or the use of drugs except for medical purposes, or received treatment or advice from an organization that assists those who have an alcohol or drug problem?	<input type="checkbox"/> Yes <input type="checkbox"/> No	d.
e. Had any significant weight loss or gain?	<input type="checkbox"/> Yes <input type="checkbox"/> No	e.
f. Participated in counseling or therapy within the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	f.
g. Ever exhibited symptoms or been treated for an eating disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No	g.



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# C3 STUDENT HEALTH CERTIFICATE

Community College Program

Name \_\_\_\_\_  
Last (Family) Name First (Given) Name

4. Do you have knowledge of any history or present evidence of nervous, emotional, or mental problems? For example, is there any history of depression, suicidal thoughts or behavior, psychosis, mood swings or other nervous conditions?  Yes  No

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

5. Is the applicant contemplating any surgical operation or planning to seek other medical advice or treatment?  Yes  No

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

6. Additional Comments, please continue on extra paper if necessary

7. Will the student be taking any prescribed medication with him or her?  Yes  No

a. Generic name, dosage, and reason \_\_\_\_\_

b. Generic name, dosage, and reason \_\_\_\_\_

8. In my opinion the general state of this student's health is:  Excellent  Good  Fair  Poor

## IMMUNIZATION RECORD

	Dose 1 (month, day, year)	Dose 2 (month, day, year)	Dose 3 (month, day, year)	Dose 4 (month, day, year)
<b>Diphtheria (or DPT or Td)</b> 4 doses required				
<b>Tetanus (or DPT or Td)</b> Last does must be within 10 years of student's program end date				
<b>Poliomyelitis</b> 3 doses required; 4 if done by combination oral and injected regimen. At least one does after age 4 for either regimen				
If available, but not required:				
<b>Pertussis (or DPT or Td)</b> 3 doses required or 4 doses of DPT				
<b>HIB</b> (Haemophilus Influenza type b) 4 doses required				
<b>MCV</b> 1 dose				
<b>Hepatitis A</b> 2 doses required; 6 months apart. May be required in some states.				



Youth For Understanding USA

# C4 STUDENT HEALTH CERTIFICATE Community College Program

Name \_\_\_\_\_  
Last (Family) Name First (Given) Name

		Dose 1 (month, Day, Year)	Dose 2 (month, day, year)
<b>Measles, Mumps, and Rubella or MMR</b>  2 doses for each immunization required OR two doses of combined MMR	Measles		
	Mumps		
	Rubella		
	MMR		
<b>Varicella</b>  2 doses required at least 28 days apart or documented date of disease	Date of Disease _____	OR	

Tuberculosis	Has student received BCG/TBC Vaccine?	Skin Patch Test	Chest X-Ray
Note: students must be tested for tuberculosis and results reported to YFU within one year prior to departure.	<input type="checkbox"/> Yes: Date administered _____	Date of Skin Patch Test _____	Date of Chest X-Ray _____
	If NO, then a skin patch test is required	Type of Skin Patch Test _____	Result: <input type="checkbox"/> Negative  <input type="checkbox"/> Positive
		Result: <input type="checkbox"/> Negative <input type="checkbox"/> Positive; if positive then a chest x-ray is required	

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Printed Name: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

**End of Section C: Student Health Certificate**



Youth For Understanding USA

**D1-2**

**Essay Questions**  
*Community College Program*

Name \_\_\_\_\_

*Last (Family) Name*

*First (Given) Name*

All students should answer this essay question. English Language Program students should answer to the best of their abilities. (Use a separate sheet of paper)

1. In at least 300 words, please answer one of the following questions:
  - How would your best friend describe you to someone who does not know you? What story would he/she tell about you to show what type of person you are?
  - Share a challenging experience or incident that you have faced in your life. How did you approach it? What did you gain from the experience?
  
2. Only English Language Program students should answer this essay question (use a separate sheet of paper).
  - You will be spending 15 hours per week in the classroom learning English. Using at least 150 words, please describe how you plan to learn English outside of the classroom. This essay must be written in English.







Youth For Understanding USA

**E**

**Evaluation**

*Community College Program*

Name \_\_\_\_\_  
*Last (Family) Name*                      *First (Given) Name*

Student Name:

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

These notes are confidential. Under no circumstances should this completed form be given to the student or host family. Please attach an additional sheet of paper if needed.

1. Given the support structure of the Community College Program, the student will need to demonstrate maturity when working with the Campus Coordinator and other members of the college community. Please comment on his/her level of maturity.
  
2. Participants in the YFU Community College Program are expected to remain academically focused throughout their exchange experience. How committed is the student to the academic program he/she will pursue at the community college?
  
3. In addition to the academic aspect of the program, YFU also places a great deal of importance on the homestay experience. How committed is he/she to this host or mentor family experience?
  
4. Please give examples of special positive qualities the student would bring to the exchange experience. How would he/she contribute to the college community?
  
5. Describe any particular interests, needs or attitudes that might affect placement or adjustment (health, climate, diet, or activity):
  
6. Language abilities: During the interview, please ask the student to describe his/her family in English. Based on this conversation, describe his/her English language ability. Please also comment on the applicant's willingness to enroll in English as a Second Language courses if community college test show the need.
  
7. Do you have any additional comments for the placement staff of YFU USA or the community college Campus Coordinator?

\_\_\_\_\_  
Name of Evaluator

\_\_\_\_\_  
Title                      Telephone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Signature                      Date

\_\_\_\_\_  
Name of Evaluator

\_\_\_\_\_  
Title                      Telephone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Signature                      Date



Youth For Understanding USA

**F**

**Parent-Student Agreement**  
*Community College Program*

Name \_\_\_\_\_

*Last (Family) Name*

*First (Given) Name*

**Purpose**

The purpose of the Youth For Understanding (YFU) Community College Program (CCP) is to provide young people with the experience of participating in a family, community college and community abroad so that they may gain exposure to new ideas and perspectives, increase their sensitivity to cultural differences and similarities, and develop a deepened awareness of shared human values and interests.

**Student Agreement**

1. I subscribe to the statement of purpose of the Program to which I applied. I will abide by the policies and procedures set forth by YFU USA, the current Program Brochure and CCP Handbook distributed by the YFU national office in this country.

2. I recognize that individuals on this Program 18 and older will be treated as adults for all purposes. I certify that my date of birth falls within the limits set forth by YFU USA and the current Program Brochure; therefore, I am eligible to participate in the Program.

3. I agree to pay the Program fees listed in the Program Brochure by the dates specified therein. I recognize that increases in travel-related costs are beyond the control of YFU and where travel-related costs are included in the Program fees; I agree that YFU retains the right to increase such Program fees if, but only if, increases in travel-related costs necessitate such action. In no event, however, will any such increase exceed 10% of the total of the Program fees I am obligated to pay. I will notify YFU in writing by the established deadlines if I will not participate in the YFU Program, and I recognize that cancellation will result in forfeiture of some or all of the application fee, enrollment fee or both in accordance with the forfeiture/refund provisions of the Program Brochure.

4. I am aware that the YFU Program fee does not include payment for passports, immunizations, visas, or my personal needs including schoolbooks, additional lab fees and special fees, and that all such expenses are my responsibility. I understand that all second year students are solely responsible for securing and paying for all living expenses, including room and board. I have secured sufficient spending money to cover my needs throughout my participation in the Program.

5. I understand that YFU has designated certain locations within my home or host country as points of departure and arrival for travel to and from the United States, and that the YFU Program fee does not include the costs of my travel to and from such points of departure and arrival. I agree to arrange and pay for such travel. I also agree to pay any airport and customs taxes as well as charges assessed for baggage that exceeds applicable airline limitations.

6. I will travel to and from the United States in strict accordance with the travel plans made by YFU, and YFU is authorized to hold all tickets to ensure such travel. I understand that if I am placed on probationary status, I am not eligible for after-the-homestay travel. I will return home on the YFU Program Completion Date, as determined by CCP. I will consider all obligations and travel plans when requesting return travel. Once the return travel date is booked, I understand and agree that YFU will not make changes except in documented medical emergencies or in the case of involuntary early return. (I am responsible for any associated change fees.) YFU reserves the right to change travel arrangements when necessary at its discretion.

7. I understand that in making travel arrangements for me, YFU contracts with or uses commercial airlines, trains, buses, restaurants, hotels, and other entities whose performance and services cannot be controlled by YFU. Consequently, I agree that YFU is not liable for any of the actions or negligence of such commercial entities including, but not limited to, lost baggage, uncomfortable quarters, and travel delays.



Youth For Understanding USA

**F**

**Parent-Student Agreement**  
*Community College Program*

Name \_\_\_\_\_

*Last (Family) Name*

*First (Given) Name*

8. I will not arrange personal travel while in the United States, whether to visit friends, family or others who may live or be traveling in the United States, or for any other purpose, where such personal travel will cause me to be absent for any period of time from my designated school or host family while the college is in session and classes are being held.

9. I agree that YFU has the right to dismiss me from the Program for behavior that is illegal or that YFU, in its discretion, considers inappropriate or detrimental to me or to the Program.

10. I agree that if I violate any provision of the Agreement, including being absent without YFU approval from my host school or the place of my designated residence, YFU may, in its discretion, find that I have voluntarily withdrawn from the Program.

11. If I voluntarily withdraw, or am dismissed from the Program at any time after departure from my country, I understand that I am not entitled to a refund of any portion of the Program fees.

12. The information stated in the Student Health Certificate (which must be submitted before I join the Program) is accurate and contains no material omissions of which I am aware. I affirm that I have no physical or emotional condition or disability that has not been set forth in such certificate or which would make my participation in the Program inadvisable or unreasonably risky.

13. I understand that limited medical and hospital (or accident and health) insurance are included in the YFU Program fee(s) for all YFU Program participants. I agree to be responsible for, and pay all bills for any medical, optical, dental, pharmaceutical or similar services, (a) required by me while in the United States, and (b) not covered or paid by the company issuing the medical and hospital (or accident and health) insurance. If YFU pays any such bills whether due to emergency, as a matter of convenience or otherwise, I agree to repay such amounts to YFU immediately upon demand.

14. YFU strongly advises participants not to operate an automobile or other vehicle while in the United States for the sake of the participant's own safety. Should I opt to operate such a vehicle at my own discretion, I understand that YFU is absolved from any and all liability or possible damages or claims resulting from my use of such vehicle. I further understand that the YFU medical insurance does not provide any coverage concerning the operation of a motor vehicle, and that should I opt to drive in the United States, I agree to be solely responsible for all costs and obligations including licensing and required automobile insurance.

15. I shall be responsible for, and pay all legally enforceable debts incurred by me while in the United States. If YFU discharges any such debt whether due to emergency, as a matter of convenience or otherwise, I agree to repay such amount to YFU immediately upon demand.

16. I understand that there are state laws in the United States which determine the legal age of the purchase and consumption of alcoholic beverages. I agree to abide by such laws and understand that even if drinking is legally allowed, excessive consumption may result in my dismissal from the college and from the YFU Program.

17. I am aware that the community college which I attend has rules and regulations concerning students and that I am responsible for abiding by those rules. I understand that YFU will endeavor to assign me to a community college on the basis of criteria designed to match my needs with the opportunities available at a given college.

18. I am aware that the United States is a multi-racial, multi-ethnic country providing an enriching diversity of living experiences and that there is no one living experience that is typical of the United States. I understand that YFU does not discriminate on the basis of race, color, national origin, religion or gender



Youth For Understanding USA

**F**

**Parent-Student Agreement**  
*Community College Program*

Name \_\_\_\_\_  
*Last (Family) Name* *First (Given) Name*

in making host or mentor family placements. I understand that YFU will endeavor to place me in a suitable host or mentor family based on information provided in my application. I will be open to and accept the host or mentor family YFU selects for me.

19. I authorize YFU, its employees, Campus Coordinator and/or adult members of my host family to act for me in any emergency, accident, illness or injury involving me. I agree to release and discharge YFU, its employees, volunteers or representatives, from any liability, claims or demand arising from or related to a) any action they may take in connection with an emergency, accident, illness, injury; b) any consequences of my actions as a participant in the program; or c) any cause, event or occurrence beyond the control of YFU, including but not limited to natural disasters, war, civil disturbances and the negligence of parties not subject to YFU' s control.

20. I have discussed the Program and this Agreement with my parents, and each of us fully understands the obligations imposed upon us. This agreement will be governed by and construed under the laws of the United States.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of YFU Participant

\_\_\_\_\_  
Date

**Parent Agreement**

I have read this Agreement and have discussed with my daughter or son the terms and conditions imposed hereunder upon her or him. I agree with the purpose of the Program and fully accept and agree to be bound by all terms and conditions of this Agreement, and all other rules, regulations and conditions set forth by YFU concerning the Program.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date



Youth For Understanding  
International Exchange USA

Your pictures, along with your Host Family letter, will be shared with potential host families. Please provide four head shots photos showing your smile! (passport-size) Tape or glue them in the space provided. These photos will not be returned.

Place Photo Here

Place Photo Here

Place Photo Here

Place Photo Here

We need three to five candid or informal photos. Each should present you in a positive way. They can be of you with your family, friends, pets, hobbies, etc. Please tape or glue them in the space provided. Please describe each picture in the space underneath each box.

Place Photo Here

Description:

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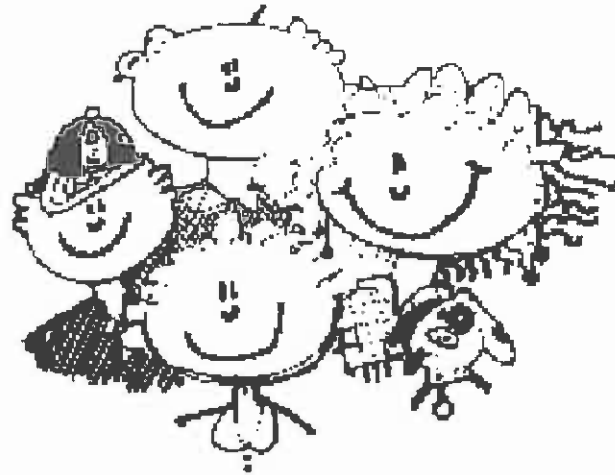
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Youth For Understanding  
International Exchange USA

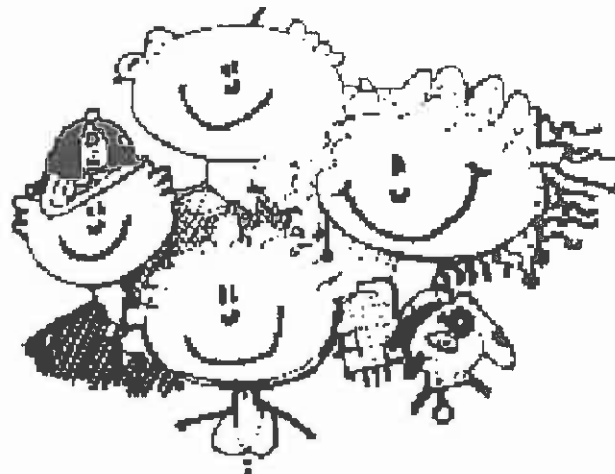
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Description:

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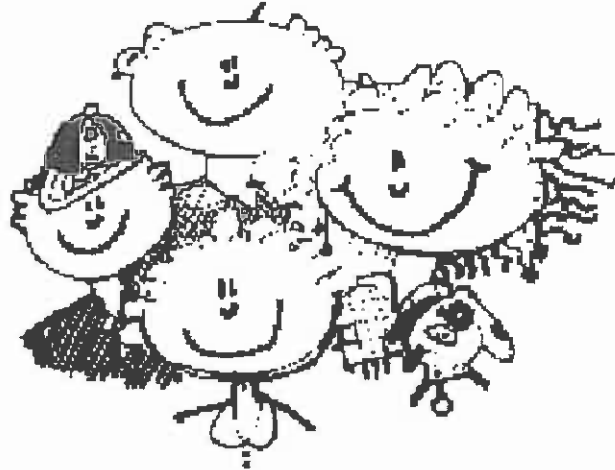
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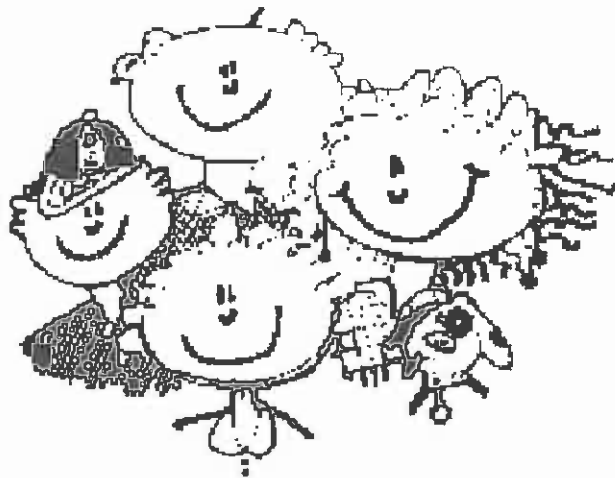
Youth For Understanding  
International Exchange USA

Place Photo Here



Description:

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Description: