

COMMUNITY FRIENDS PROGRAM

Community Member Application

The Arkansas State University International Programs office appreciates your interest in the Community Friends Program. Please fill out the questionnaire below, so that your interests can best be matched with those of an international student who will be participating in the program. We hope that this will be the beginning of a meaningful and rewarding friendship.

Application Date: _____

Last Name: _____ First Name: _____

Home Address:

Street _____ City _____ State _____ Zip _____

Phone: _____ E-mail: _____

Business Address:

Street _____ City _____ State _____ Zip _____

Business Phone: _____

Occupation: _____ Single: _____ Married: _____

Preferred Gender: Male _____ Female _____

List Countries of Primary Interest:

What languages do you speak?

What are your interests and hobbies?

Please use the back of this page if there is other information that you feel would be helpful in placing you with an international student who will most closely share your interests.

Arkansas State University
Office of International Programs
P.O. Box 2230
State University, AR 72467 – USA
Phone # 870-972-2329
E-mail: <http://www.astate.edu/international/>