



CULTURAL HOMESTAY INTERNATIONAL

104 BUTTERFIELD RD. • SAN ANSELMO, CA 94960
TEL: 415-459-5397 • FAX: 415-459-2182 • E-MAIL: CHIWT@CHINET.ORG

CHI USA WORK & TRAVEL APPLICATION FORM

CHI ID Code

Attach smiling passport-size photo

• Agency: BHV
• Country: BOSNIA AND HERZEGOVINA
• Participant's Passport #: XXXXXXXX

Check one box:

Self Placement

Job Assistance

Agency Placement

PERSONAL DATA (Please write in CAPITALS)

Family name (as spelled in Passport) SAVANOVIC

First and middle name (as spelled in Passport) DRAGANA

Female Male

Date of birth 01/29/1986

Place of birth (city) JAJCE Place of birth (country) BOSNIA AND HERZEGOVINA

Country of citizenship BOSNIA AND HERZEGOVINA Country of legal permanent residence BOSNIA AND HERZEGOVINA

Student's current mailing address XXXXX XXXX 3

City BANJA LUKA Country BOSNIA AND HERZEGOVINA Postal code 78000

Tel: (065) XXX XXX E-mail: XXXXXXXXX@hotmail.com

Emergency contact name: BOJANA SAVANOVIC Tel: 00387/51/XXX XXX

Have you ever been on a J-1 work / travel program? YES NO (Country Code / City Code / Number)

If YES, what was the name of the program? _____ Which Years? _____

TRAVEL INFORMATION (Please write in CAPITALS)

How many months will you work in the USA? 3 Months 4 Months

Expected departure date to the U.S. MAY 2008 Date expected/due home: SEPTEMBER 2008

UNIVERSITY INFORMATION (Please write in CAPITALS)

Name and address of your university / institution of higher learning: FACULTY OF PHILOSOPHY

THE UNIVERSITY OF BANJA LUKA

Major field of study: ENGLISH LANGUAGE AND LITERATURE

How many years of University level studies will you have completed? 3 years

When do you expect to receive your diploma/degree? OCTOBER 2008

PROOF OF STUDENT STATUS (Please write in CAPITALS) to be completed by a school official

I certify that Mr./Ms. _____ is registered in our institution as a full time student for the academic year ____ / ____ with summer vacation between (e.g. 25/Jun/2006 and ...) ____ / ____ / ____ and ____ / ____ / ____

Name _____ Title _____ Phone/fax _____ E-Mail _____

Date

Signature

School Seal

(Please write in CAPITALS) to be completed by your English instructor

ENGLISH LANGUAGE ABILITY

Oral English ability: beginner intermediate advanced

Written English: beginner intermediate advanced

Listening Comprehension: beginner intermediate advanced

Additional comments about the student's knowledge of English and his/her ability to function in an English-speaking work place:

Name _____ Title _____

Institution _____

Tel: _____ Fax: _____ Email: _____

Instructor's Signature

Date