GAPP 2024 / 2025

German American Partnership Program

recent passport photo

(please glue photo on application form, **do not** staple it!)

Student Information Form

1. Personal data

| First name and fa | mily name: | | | |
|--|---------------------|---------------------------------------|--------------------------|------------------|
| Sex: | Nationality: | | | class 10 |
| | | | | |
| Address: Street: _ | | | | |
| Post code and pla | ace: | | | |
| Phone (landline): | | Mob | ile phone: | |
| E-mail: | | | | |
| Date and place of | birth: | · · · · · · · · · · · · · · · · · · · | | |
| Father (first name | e / family name): _ | | | |
| Occupation (in German and English, please): | | | | |
| Mother (first name | e / family name): | | | |
| Occupation (in Ge | erman and Englis | sh, please): | | |
| Brothers (number | / ages): | / | Sisters: | // |
| Please remembe the following qu | | | be made only if yo d. | our responses to |
| Information concerning special health needs is crucial if prompt, effective action is to be taken in an emergency. All information will be treated confidentially. | | | | |
| 2. Information | concerning h | <u>ıealth</u> | | |
| Do you have any special requirements or restrictions pertaining to your health? | | | | |
| () yes () no. | f yes, what are th | ney? | | |
| Do you have to ta | - | on regularly? | () yes | () no |

| Are you allergic? | () yes | () no |
|---|---------------------------------------|-------------------|
| If so, what are you allergic to? | | |
| Do you follow a special diet (e.g. vegan, vegetariar | |)? () yes () no |
| If so, describe. | | |
| | | |
| | | |
| | | |
| 3. Personal habits and preferences | | |
| Religion: | | |
| What denomination are you? | · · · · · · · · · · · · · · · · · · · | |
| Would you be willing to attend services with your he | ost family? | |
| () sure | () maybe | () no |
| Smoking: | | |
| Do you smoke? () no () occasionally | () little | () a lot |
| If so, would you be willing to give it up during the time | me of the exch | ange |
| (visit to USA and return visit)? | () yes | () no |
| Does anyone in your household smoke? | () yes | () no |
| Do you object to others smoking around you? | () yes | () no |
| Household chores: | | |
| Do you have to do specific chores at home? | () yes | () no |
| If so, what are they? Explain. | | |
| | | |
| | | |
| <u>Job:</u> | | |
| Do you have a part-time job? | () yes | () no |
| If so, what do you do? Explain | | |
| | | |
| | | |
| | | |

| Animals: | | | |
|---|--------------------|---------------------------------------|--|
| Do you have pets at home? | () yes | () no | |
| If yes, what kind? | | | |
| Would you have a problem being around animals such as a cat or a dog? | | | |
| | | | |
| | | | |
| 4. Your spare time | | | |
| Which extracurricular activities ("AGs") do (or o | lid) you take part | in? When and for how | |
| long? | | | |
| | | ···· | |
| | | - | |
| Do you do voluntary work? (e.g. as trainer in sprepresentative of your class, "SV") | | | |
| | | | |
| | | | |
| Explain how you spend your spare time. | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | · · · · · · · · · · · · · · · · · · · | |
| Explain how you spend a typical weekend | | | |
| | | | |
| | | | |
| | | | |
| | | · · · · · · · · · · · · · · · · · · · | |
| | | | |

| 5. Travel experience | | |
|---|--|--|
| List foreign countries, if any, you have visited; give dates and purpose. | | |
| | | |
| | | |
| | | |
| | | |
| 6. Staying in a host family | | |
| Have you ever stayed in the home of a foreign family? List dates and places. | | |
| Thave you ever stayed in the nome of a foreign family? List dates and places. | | |
| | | |
| | | |
| Would you share a room with your host partner? () yes () no | | |
| Would you prefer to be hosted by a () large or a () small family? | | |
| We try to match girls with girls and boys with boys, but sometimes we have different numbers of boys and girls on the American and German side. Would you be willing to be hosted / host a guest of the opposite sex? () yes () no | | |
| During your stay with your host family, what activities would you be particularly interested in? What would you like to experience / try / see? (No general answers like "experience the 'American Way of Life' or 'American High School life'" or "get to know American Culture",) | | |
| | | |
| | | |
| | | |
| | | |
| 7. The visit of your exchange partner | | |
| What kind of partner would best fit into your home? (No general answers like "should | | |
| be interested in Germany", "should be open-minded", "be nice", "should accept me",] | | |
| | | |
| | | |

| Will your partner have a room to himself / | herself or will you share a room? |
|--|---|
| | |
| 8. Further information | |
| Give the names of two of your present or f | |
| about you: | - |
| Further information which you consider to | be important for your partner or host family: |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| withheld anything which could be of impor | of my knowledge and conscience. I have not rtance in selecting my exchange partner and own security or that of the entire exchange the success of the exchange program. |
| (Place, Date) | (Signature of Applicant) |
| (Place, Date) | (Signature of Father or Guardian) |
| (Place, Date) | (Signature of Mother or Guardian) |

Note: Both parents need to sign the application form (if possible).