

# ALASKA INTERNATIONAL EDUCATION FOUNDATION, INC.

2009 Wildwood Lane Anchorage, Alaska 99517-1332  
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## RESIDENCE APPLICATION FORM

(Please print in block letters and submit with signed "Acceptance of House Rules") Date: \_\_\_\_\_

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work or Cell Phone: \_\_\_\_\_ E-Mail \_\_\_\_\_

Move in date desired: \_\_\_\_\_ Move out date: \_\_\_\_\_ Date of Birth \_\_\_M\_\_\_D\_\_\_Y Sex \_\_\_F\_\_\_M

Country of Origin \_\_\_\_\_ Country of Birth if different than country of origin \_\_\_\_\_

Are you attending/plan to attend a university/college? Yes\_\_\_ No \_\_\_ Date of 1<sup>st</sup> class \_\_\_\_\_

Name of University or College: \_\_\_\_\_ Course of Study: \_\_\_\_\_

Will you attend summer and/or evening classes? \_\_\_Yes \_\_\_No If yes, list dates and times of classes \_\_\_\_\_

If you are not attending university/college, name the agency or organization are you are affiliated with and in what capacity (i.e. intern, student, exchange teacher, etc.) \_\_\_\_\_

Do you receive a stipend, salary or scholarship from your agency, organization, nation, etc. and if so how much per month in US dollars? \_\_\_\_\_? Would you be willing to live in a **family type environment**? \_\_\_Yes\_\_\_ No

Please state your reason(s) for applying for residence at the AIEF International House and how it will **promote understanding between Alaskans and those of other nations**. Use additional pages if necessary \_\_\_\_\_

Other Employer Name, address and telephone: \_\_\_\_\_

Employed full time \_\_\_\_\_ part time \_\_\_\_\_ or unemployed \_\_\_\_\_ (Check one) Start time: \_\_\_\_\_ a.m. \_\_\_ p.m. \_\_\_

Monthly income \$ \_\_\_\_\_ *from all sources*. Do you have a vehicle? Yes \_\_\_ No \_\_\_ Type \_\_\_\_\_

Vehicle License No. \_\_\_\_\_, ADL \_\_\_\_\_ Name of Insurance Co. \_\_\_\_\_

Printed First and Last Name/Address/Cell Phone Number / e-mail of Emergency Contact in Anchorage: (Required) \_\_\_\_\_

Name and Address of U.S. Health Insurance Provider: **(Required)** \_\_\_\_\_

Name, Address and phone, e-mail if available of nearest relative and their relationship to you, i.e.: mother, brother, etc.: **(Required)** \_\_\_\_\_

Special Interests/Talents (such as languages spoken other than English, music, cooking, etc., be specific) \_\_\_\_\_

Sponsoring organization or individual & cell number \_\_\_\_\_

***All lines must be filled in.***

***Submit with Signed House Rules and All Documents Requested on Page 2 of House Rules.***