

ALASKA INTERNATIONAL EDUCATION FOUNDATION, INC.

2009 Wildwood Lane Anchorage, Alaska 99517-1332
www.akinternational.org (907)-279-1380 (phone) (907)-278-0624 (fax) aief@gci.net

2012 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 1st 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

On a separate piece of paper, please write at least one paragraph (250 words) stating your reason(s) for applying for residence at the AIEF International House, why you should be considered for housing, what you have to offer to the other residents and how your residency at AIEF will promote understanding between Alaskans and those of other nations.

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 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 blank lines must be filled in. If an item does not apply to you, entered NA.
Submit this completed Application, Signed House Rules and All Documents on Pgs 1 & 2 of House Rules.