



# Participant Application Package II

## Placement Checklist

In this placement stage, USA Program will be working to secure you a host family/Boarding facility. You must complete and sign the following forms listed below and email (PDF format) to our office in Florida as soon as possible.

1. ( ) The “**Student Health Record**”: You must visit your doctor and have a complete physical. Your physician must complete the Student Health Record, stating the condition of your health and listing all of your required tests and immunizations to ensure that they are up to date. (All required tests and immunizations must be up to date – no more than 10 years old before departing your home country). Your doctor must sign and place an official stamp next to his signature. On the back of this form is the “Medical Release Authorization”. This section is to be signed by the student and his natural parents/legal guardians.
2. ( ) The “**PERSONAL PROFILE**” form must be complete by the student only. This test evaluates the following: Part I: hobbies, sports, travel, interests, and professional goals; Part II: thought process; Part III: maturity, ability to make new friends, relationships; Part IV: problem solving skills; Part V: The student will write an essay stating the reason that he should be accepted into the USA program.
3. ( ) Answer the “**STUDENT CULTURAL PERSPECTIVE**”.
4. ( ) Write a **LETTER** to your host family beginning with “Dear American Family”. Include information about yourself, your family, and your hometown. Thank the family for opening their home to you.
5. ( ) Also provide several pictures of you & your family in your house. Add some photos about your city & state for the “**FAMILY ALBUM**”.
6. ( ) The natural **PARENTS**/legal guardians must also write a **LETTER** to the host family thanking them for their hospitality and for giving the student an opportunity to live and study in the United States.

Our email address is [study@usaprogram.info](mailto:study@usaprogram.info)



## STUDENT HEALTH RECORD

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Month Day Year

### PHYSICAL EXAMINATION

Sex: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eyes Color: \_\_\_\_\_ Height: \_\_\_\_\_ Cm Weight: \_\_\_\_\_ Kg

Visual Acuity: Right \_\_\_\_\_ Left \_\_\_\_\_ Hearing: Left \_\_\_\_\_ Right \_\_\_\_\_

Blood Pressure: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Pulse: \_\_\_\_\_

### IMMUNIZATIONS

#### DATES ADMINISTERED

(BOOSTER REQUIRED WITHIN PAST 10 YEARS)

	1 <sup>ST</sup>	2 <sup>ND</sup>	3 <sup>RD</sup>	4 <sup>th</sup>
DPT (Diphtheria-Pertussis-Tetanus)	____/____/____;	____/____/____;	____/____/____;	____/____/____;
MMR (Mumps-Measles-Rubella)	____/____/____;	____/____/____;	____/____/____;	____/____/____;
TOPV (Polio)	____/____/____;	____/____/____;	____/____/____;	____/____/____;
Hepatitis B	____/____/____;	____/____/____;	____/____/____;	____/____/____;
Varicella (Chicken Pox)	____/____/____;	____/____/____;	____/____/____;	____/____/____;

Tuberculin Skin Test Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Results: Pos. ( ) Neg. ( )

HIV Test Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Results: Pos. ( ) Neg. ( )

### MEDICAL HISTORY

#### (Disorders/Infections/Conditions)

	YES	NO		YES	NO		YES	NO
Digestive	( )	( )	Muscular	( )	( )	Tuberculosis	( )	( )
Diabetes	( )	( )	Eyes	( )	( )	Pertussis	( )	( )
Asthma	( )	( )	Neurological	( )	( )	Diphtheria	( )	( )
Allergies	( )	( )	Cardiac	( )	( )	Chicken Pox	( )	( )
Appendicitis	( )	( )	Congenital	( )	( )	Mumps	( )	( )
Pneumonia	( )	( )	Accidents	( )	( )	Measles	( )	( )
Kidney	( )	( )	Operation	( )	( )	Rubella	( )	( )
Convulsion	( )	( )	Hospitalization	( )	( )	Hepatitis	( )	( )

Please give detailed information regarding any of the above conditions that have affected the applicant. (dates, operations, lasting effects, medication, treatment still required, etc.)

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Does the applicant take any medication? ( ) No ( ) Yes, Name: \_\_\_\_\_

What is the purpose of this medication? \_\_\_\_\_

How often is this medication administered? \_\_\_\_\_

Are there any restrictions on the applicant's participation in Physical Education (P.E.) and/or sports? \_\_\_\_\_

In your professional opinion, what is the general condition of the applicant's health?

**Excellent ( )      Good ( )      Fair ( )      Poor ( )**

if poor, explain \_\_\_\_\_

I, the undersigned, have reviewed the **medical history** of the applicant, given a thorough **physical examination**, and certify that **Immunizations** and all medical information has been noted on this form and that nothing relevant has been omitted.

Physician's Signature & **Stamp**: \_\_\_\_\_

Physician's Name (Printed): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Date: \_\_\_\_\_

### **Medical Release Authorization**

We, as parents/guardians of the undersigned student, do hereby authorize USA, United Students Association (local rep. and directors) and the American sponsoring host parents, as agents of the undersigned parents/guardians, to consent to any X-ray examinations, anesthetic, medical or surgical diagnosis, or treatment or hospital care which is deemed advisable by and is rendered under the general supervision of any licensed physician or surgeon at a hospital. It is understood that this authorization is not given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of the aforesaid agents to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician or surgeon, in the exercise of his/her best judgment, may deem advisable.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Father's/Guardian's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mother's/Guardian's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



## PERSONAL PROFILE

This form is for the Prospective International Student to fill out.

PARTICIPANT \_\_\_\_\_ AGE: \_\_\_\_\_

COUNTRY \_\_\_\_\_ CITY \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

### TOPIC ONE: CHARACTERISTICS

1. What are your favorite social activities (hobbies) to do for fun?

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2. What is your sport of choice to play and/or to watch?

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3. Do you play a musical instrument? ( ) No ( ) Yes, Which one? \_\_\_\_\_

4. Do you have any artistic abilities? ( ) No ( ) Yes, \_\_\_\_\_

5. Have you traveled abroad? ( ) No ( ) Yes, Where (year) \_\_\_\_\_ ( ), \_\_\_\_\_ ( )  
\_\_\_\_\_, \_\_\_\_\_ ( ), \_\_\_\_\_ ( ), \_\_\_\_\_ ( ), \_\_\_\_\_ ( )

6. My religious affiliation is \_\_\_\_\_. I attend church ( ) weekly ( ) monthly ( ) holidays ( ) never

7. Do you like animals? \_\_\_\_\_ List any pets you have at home: \_\_\_\_\_

8. Do you have any type of allergies? ( ) No ( ) Yes, \_\_\_\_\_

9. Do you ever volunteer to help the needy/poor/elderly? ( ) No ( ) Yes, Explain \_\_\_\_\_

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10. At this moment, what professional field would you like to enter in the future and why?

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## TOPIC 2: NATURAL FAMILY

**Father's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Profession:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Profession:** \_\_\_\_\_

**Brother's Name (age):** \_\_\_\_\_( ) \_\_\_\_\_( ) \_\_\_\_\_( ) \_\_\_\_\_( )

**Sister's Name (age):** \_\_\_\_\_( ) \_\_\_\_\_( ) \_\_\_\_\_( ) \_\_\_\_\_( )

1. What are your favorite things to do with your family? \_\_\_\_\_

\_\_\_\_\_

2. Explain how you spend time with your extended family – aunts, uncles, cousins, grandparents? \_\_\_\_\_

\_\_\_\_\_

3. What do you love most about your family as a unit? \_\_\_\_\_

\_\_\_\_\_

## TOPIC 3: PERSONALITY

**How would you describe your personality traits? ✓ - Check the traits below that apply most to you:**

<input type="checkbox"/> Active	<input type="checkbox"/> Friendly	<input type="checkbox"/> Pessimist	<input type="checkbox"/> Shy
<input type="checkbox"/> Adaptable	<input type="checkbox"/> Independent	<input type="checkbox"/> Polite	<input type="checkbox"/> Sincere
<input type="checkbox"/> Bright	<input type="checkbox"/> Kind	<input type="checkbox"/> Rebel	<input type="checkbox"/> Smiling
<input type="checkbox"/> Calm	<input type="checkbox"/> Lazy	<input type="checkbox"/> Reliable	<input type="checkbox"/> Studious
<input type="checkbox"/> Cheerful	<input type="checkbox"/> Mature	<input type="checkbox"/> Respectful	<input type="checkbox"/> Talkative
<input type="checkbox"/> Critical	<input type="checkbox"/> Motivated	<input type="checkbox"/> Responsible	<input type="checkbox"/> Well-Mannered
<input type="checkbox"/> Communicative	<input type="checkbox"/> Open minded	<input type="checkbox"/> Selfish	_____
<input type="checkbox"/> Considerate	<input type="checkbox"/> Optimistic	<input type="checkbox"/> Sense of Humor	_____
<input type="checkbox"/> Emotional	<input type="checkbox"/> Organized	<input type="checkbox"/> Sensitive	_____
<input type="checkbox"/> Extroverted	<input type="checkbox"/> Patient	<input type="checkbox"/> Serious	_____

Have you ever used narcotics/drugs? ( ) No or ( ) Yes, \_\_\_\_\_

Do you smoke cigarettes, cigars, or a pipe? ( ) No or ( ) Yes, \_\_\_\_\_

Do you drink alcoholic beverages? ( ) No or ( ) Yes, \_\_\_\_\_

Have you ever committed any crime? ( ) No or ( ) Yes, \_\_\_\_\_

Have you been arrested before? ( ) No or ( ) Yes, \_\_\_\_\_

## TOPIC 4: ACADEMICS

1. In what grade level do you intend to study at the private school in the United States?

☐ 7<sup>th</sup>    ☐ 8<sup>th</sup>    ☐ 9<sup>th</sup> - Freshman    ☐ 10<sup>th</sup> - Sophomore    ☐ 11<sup>th</sup> - Junior    ☐ 12<sup>th</sup> - Senior

2. What is your opinion of the educational system in your home country?

☐ Excellent    ☐ Good    ☐ Average    ☐ Could Improve    ☐ Bad

3. What is your favorite subject of study and why? \_\_\_\_\_

\_\_\_\_\_

4. Have you ever failed a school year? ☐ No    or    ☐ Yes, Explain \_\_\_\_\_

\_\_\_\_\_

5. If you could change and improve something in your school for the better, what would it be?

\_\_\_\_\_

\_\_\_\_\_

6. Do you participate in extracurricular school activities, such as sports, clubs, teams, etc.?

\_\_\_\_\_

\_\_\_\_\_

7. Do you have special talents (competitions, music, sports, awards, etc)?

\_\_\_\_\_

\_\_\_\_\_

8. Read the following **hypothetical** situation, think, and write about how you'd most likely react.

In a group assignment at school, you are chosen to be responsible for typing the project. You were informed of this responsibility a long time ago. On the day of the presentation, however, you have not completed your portion of the assignment (for any reason). How would you proceed in telling group and teacher?

Group members \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Teacher \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## TOPIC 5: COMPOSITION

Write an essay explaining why USA, United Students Association (USA Program) should accept you as a participant in our international cultural and educational student program in the United States of America.

[illegible]

Participant's Signature: \_\_\_\_\_



## STUDENT CULTURAL PERSPECTIVE

Name: \_\_\_\_\_ Country: \_\_\_\_\_

1. Give a brief description about your city in relation to historic background, population, famous tourist attractions, and the region in which it is located.

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2. Based on your knowledge about your country and the United States, discuss two major cultural similarities and differences. (most prominent)

Similarities:

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Differences:

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3. As an international student, you will have a unique opportunity to share some interesting facts about your country and culture with your American host family and friends. List some information that you will share with them and how you will share it (i.e.: pictures, preparing food, video, etc.).

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4. Why did you choose to become an international student in the United States of America?

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5. What benefits do you expect to gain through participating as an international student program?

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6. What benefits do you think your American host family will gain from hosting you?

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7. What is the most important responsibility in your role as an international student in the United States?

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Student’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## STUDENT LETTER



## FAMILY ALBUM



## PARENTS LETTER