IAHCE INTERNATIONAL HOMEMAKERS EXCHANGE PROGRAM ILLINOIS HOST APPLICATION

	EASE PRINT OR TYPE: Name of Applicant:		
	Address	City	Zip
	County	Phone () Children	
2. 3.	Number residing in home: Adult_Ages and sex of children:		
4.	Town 10,000 and up Town 2,000 and up	ategory)	
		educational interests are located nea memaker? (Use additional page if	
	If you are chosen as a host family, hange homemaker understand you	, what special and/or everyday actir r way of life?	vities might you plan to help the
7.	If selected, would your family be	involved with and supportive of ho	using the exchange homemaker?
8.	If necessary, will your county HC	E be supportive in helping to enter	tain/tour in your area?
9.	Have you hosted International vis	itors before? Explain.	
10.	How many nights would you be v	willing to be a host family?	

<u>SEND COMPLETED APPLICATION TO INTERNATIONAL DIRECTOR WHOSE NAME AND ADDRESS IS ON PAGE 1 OF THIS GUIDEBOOK. POST MARKED BY OCTOBER 1ST.</u>