



Mutual Friends Student Exchange, Inc

1745 Furnace Hill Road Phone: 717-431-8181
 Denver, PA 17517 USA Fax: 717-431-8879
 www.mfse.biz vs@mfse.biz mfse@ptd.net

Inbound Student Application

Student Contact Information

Student Name: First, Middle, Last/Family	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Nationality
Student's home mailing address	Home Telephone		Social Security Number (if U.S. Citizen)
	Student's email address		Student's Skype name (if any)
	Parent's primary email		Parent's other contact info

Parental or English-Speaking Contact Information

Name of primary English-speaking contact	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other	If other: relation	If other: Best contact information
Father's Name: First, Middle, Last/Family	Age	Occupation	Best contact info (email/Skype/phone)
Mother's Name: First, Middle, Last/Family	Age	Occupation	Best contact info (email/Skype/phone)

Brothers & Sisters

Sibling's name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age	Sibling's name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age
Sibling's name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age	Sibling's name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Age

Program Information

<input type="checkbox"/> Short-term/Summer English <input type="checkbox"/> School-age/Guardianship <input type="checkbox"/> College-age/non-guardianship	Complete Short-term Application Complete School-age Application Complete College-age Application	Approx. arrival date	TO	Approx. departure date
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General Questions

Have you lived/studied in the U.S. before?	<input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, how long?
Have you traveled internationally before?	<input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, where?
Have you participated in another exchange program?	<input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, what organization?
How well can you communicate in English?	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
What are your religious beliefs?	
How often do you attend religious services?	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Holiday <input type="checkbox"/> Never
If your host family's religion is different from your own, would you be willing to participate?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
Do you ever smoke?	<input type="checkbox"/> Yes <input type="checkbox"/> No Can you live where others smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you like animals?	<input type="checkbox"/> Yes <input type="checkbox"/> No Can you live with indoor pets? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any pets at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, what kind?
Do you have any allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, to what?
Do you take any medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, what kind?
Are you bringing medicine?	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, what kind?
Are there foods you do not eat?	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, what kind?
Do you have special dietary need?	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, what kind?
Do you play any sports?	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, what kind?
Do you play musical instruments?	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, what kind?

Agency Information – If Any

Agent's name	Agent's website
Name and address of agency	Agent's email address
	Agent's telephone number
	Agent's fax number


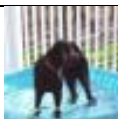
Health Insurance Information and Requirements

OR	<input type="checkbox"/> I will obtain my own health insurance and send a copy to MFSE.	
	<input type="checkbox"/> I am requesting health insurance through MFSE – I am sending additional fees to purchase health insurance ~\$900.00.	
Proof of minimum acceptable health insurance cover-age must be sent to MFSE at least 5 days prior to arrival; otherwise MFSE will not allow your entry into the U.S. The minimum acceptable insurance must include:		
<ul style="list-style-type: none"> Medical benefits of at least \$100,000.00 per accident or illness Repatriation of remains in the amount of \$7,500.00 Medical evacuation in the amount of \$10,000.00 Maximum deductible of \$500.00 per accident or illness No coverage exclusions for common or likely medical situations Insurance must cover the entire anticipated duration of your program 		

Use of Student Photographs

OR	<input type="checkbox"/> I give my consent for MFSE to use photographs of my (my student's) person in printed or electronic literature.	
	<input type="checkbox"/> I expressly forbid that MFSE use photographs of my (my student's) person in agency literature.	

Find Us on Skype & Facebook

 <p>On Skype Link to vaughnstr</p>	 <p>On Facebook Friend Vaughn Starr</p>	 <p>On Facebook join the group Mutual Friends Student Exchange</p>
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School-Age Application – Last School Attended

Name of last school attended	School Guidance Counselor or other contact name and title	
Address of School	Telephone number of school contact	
	Email address of school contact	
	School website	
Last grade completed:		<input type="checkbox"/> Report card and/or English transcript sent with this application <input type="checkbox"/> School will send MFSE Academic Summary Form – I have given it to school contact named above <input type="checkbox"/> Academic Reference Form(s) have been requested/are coming
Grade you wish to enter:		
Grade point average (GPA):		

English Ability

MFSE strongly recommends that you take the TOEFL or SLEP exam – several of our schools require one or the other for admission.		
SLEP score		<input type="checkbox"/> A copy of my SLEP score report is attached to this application
TOEFL score		<input type="checkbox"/> A copy of my TOEFL score report is attached to this application

Languages Studied

Language	Years Studied	Language	Years Studied
ENGLISH			

School(s) You Are/Wish to Attend

School Name	Accepted?	MFSE should apply	Acceptable Tuition
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Personality Traits

Instructions: Rate each of the following on a scale of 1-5 where 1 = least like me or never and 5 = most like me or always.			
I have a good relationship with my natural family		I am willing to try new things	
I really want to study in the United States		I enjoy conversation with adults	
My Parents want me to study in the United States		I enjoy outdoor games/sports/activities	
I am able to control my computer use		I enjoy music	
I need help controlling my computer use		I enjoy watching television/videos/movies	
I can keep myself on track with my studies		I am interested in learning about others' perspectives	
I need help staying on track to finish my schoolwork		I value personal character development	
I prefer interaction with other people		I am honest in all circumstances	
I prefer spending time by myself		I am patient	
I become bored easily/often		I am optimistic	
I enjoy participating in family games/activities		I worry about lots of things	
I am able to make friends easily		I am used to getting what I want when I want it	
I am able to maintain a positive attitude		I am sensitive	
I become angry/frustrated easily/often		I become depressed sometimes	
I am able to control my behavior		I argue with my parents	
I have not been in trouble at school		I independently go to bed and awaken on time	
I have not been in trouble with the law		I have read and agree with the MFSE Agency Agreement	

Describe Your Educational and Career Objectives in Coming to the U.S.

Special Needs

<input type="checkbox"/> I require a home where smoking/tobacco use is acceptable	<input type="checkbox"/> I desire a home where teen-driving is acceptable
<input type="checkbox"/> I have been asked to leave other families due to behavior	<input type="checkbox"/> I desire a home where church attendance is optional

Understanding The Financial Aspects of The Program

Maximum school tuition		Fill in the amount you are able to spend for school tuition due to school August 1
OR	Customary Hosting Fees	~\$7,000.00 \$25.00/day for partial months – \$720.00/month payable to host parent monthly
	Hosting Fees You Offer	You may offer lower Hosting Fees, but this limits the number of available homes
+	Special Needs Adjustment	\$800.00 Students who smoke, drive or present special challenges add \$80.00/month
Total Hosting Fees		
+	MFSE Program Fee	\$3,000.00 MFSE's total annual Program Fee is \$3,000.00
+	Special Needs Adjustment	\$500.00 Students who smoke, drive or present special challenges add \$500.00
-	Sibling deduction	-\$500.00 If you are sending 2 or more students you may deduct \$500.00/each
Total Program Fee		
-	Full-payment deduction	-\$300.00 If you are paying the entire program fee by August 1, you may deduct \$300.00
=	Aug.1/Jan.1 no discount	½ Program Fee Otherwise, half of the Program Fee is due by August 1, the other half by January 1
-	Referral deductions	Subtract \$500.00 for each student you refer who enrolls in this MFSE program
+	Health Insurance Costs	~\$900.00 Approximate cost for MFSE to purchase 10 month student health insurance
+	Ancillary Fees	Ancillary fees incurred for extraordinary transportation, tutoring, behavioral issues

A Few Notes About Our Financial Procedures

1. It is our belief that, when it comes to financial transactions, it keeps everyone honest and requires less money when fewer hands have been involved. In sticking with this theory, MFSE:
 - a. Requires that students or their parents pay school tuition directly to the school. MFSE will provide all of the necessary information to make payment including amount and wiring instructions.
 - b. Requires that students or their parents pay hosting fees directly to the student's host parents. MFSE can assist the student in setting up a bank account able to accept no-cost or low-cost wire transfers.
2. School tuition varies greatly between the schools we serve. MFSE recommends that prospective students and their parents review the schools we serve by downloading the document **MFSE School Overview** available on our website: www.mfse.biz then navigate to Schools We Serve.
3. MFSE is, in some circumstances, able to locate hosts willing to accept less than the customary rate, however, it is important to understand that a greater behavioral expectation will come along with such benevolence. No reduced hosting fees are available to students that wish to smoke or drive. There is no guarantee that MFSE will be able to locate a home willing to accept the lowered rate if the student requires relocation. The customary rate is the cost of a shared dorm room at a local private school.
4. Students who participate in riskier and less socially acceptable behaviors such as driving or smoking and students who have demonstrated in the past that they present behavior problems or are resistant to the agency's ministry shall be assessed a special needs adjustment which will reimburse host parents more and provide additional money to the agency commensurate with the risks we are taking in accepting such students.
5. MFSE Program Fees are payable in full by August 1 or in two halves on August 1 and January 1
6. MFSE makes every effort to keep its rates among the lowest and offers good discounts for sibling groups, students who pay in advance and for students who refer others to our programs. Our discounts are as follows:
 - a. \$300.00 Payment In Full Deduction – when the entire annual Program Fee payment is received by August 1.
 - b. \$500.00 Sibling Deduction – For each student when two or more siblings are simultaneously enrolled in our program.
 - c. \$500.00 Referral Deduction – For each referred student who enrolls in the MFSE School-Age Program.
 - d. \$200.00 Referral Deduction – For each referred student who enrolls in the MFSE Short-term or College-Age Program.
7. MFSE is able to obtain health insurance at cost – MFSE is prohibited by law from earning money selling insurance products.
8. MFSE charges ancillary fees for additional services. These services include English tutoring, academic support, extraordinary transportation, unwarranted moves caused by student misbehavior and remaining beyond the scope of the program. Expenses incurred for ancillary services shall be invoiced to the student and/or his/her parents for 30-day payment.

How did you find MFSE?

<input type="checkbox"/> Referred by an agent or agency – which:
<input type="checkbox"/> Referred by an MFSE Student – Who:
<input type="checkbox"/> Found MFSE on my own
Note: Current students who refer new students who participate in an MFSE program are eligible for a \$200-500 reduction in their next MFSE Program Fee

Additional Requirements for Participation in the School-Age Program

	<input type="checkbox"/> Copy/Scan of student's passport <input type="checkbox"/> Student ID card picture and signature of a natural parent <input type="checkbox"/> Student Health History Questionnaire accurately filled out and signed by the student and his/her parent(s) <input type="checkbox"/> Student Medical Examination Form & Immunization Record completed and signed by a licensed physician <input type="checkbox"/> Medical Authorization & Release Form signed by the student's parents <input type="checkbox"/> PA Student Dental Examination Form completed and signed by a licensed dentist <input type="checkbox"/> School-Age Student Agency Agreement signed by the student and his/her parent(s) indicating intent to comply with our policies <input type="checkbox"/> Copy of student's planned itinerary including flight times and numbers – remember to use Harrisburg International Airport (MDT)
Either	<input type="checkbox"/> Proof of adequate health insurance meeting all criteria outlined above <input type="checkbox"/> \$1,500.00 application deposit so that MFSE can purchase student insurance (actual cost will be approximately \$900.00)
Either	<input type="checkbox"/> Latest school transcripts and report card (in English only) <input type="checkbox"/> Student Academic Summary Form describing the student's academic history in English; signed and stamped by school
Either	<input type="checkbox"/> Copy of student's SLEP test results <input type="checkbox"/> Copy of student's TOEFL test results (required by some participating schools)
Optional	<input type="checkbox"/> PIAA Sports Physical (if student plans to participate in interscholastic athletics) <input type="checkbox"/> Previous School Reference Form(s) completed by school personnel (required by some participating schools) <input type="checkbox"/> Any necessary Special Consent Forms (for any planned student driving, high-risk activity, smoking, independent travel, etc.)
<input type="checkbox"/> \$500.00 non-refundable application deposit to be used for application expenses – remainder will be used to reduce our Program Fee Completed paperwork, scans or copies should be emailed to mfse@ptd.net or faxed to 717-431-8181	

To Make Payment By Wire Transfer To MFSE Use The Following Information

Name of institution: Pennsylvania State Employees Credit Union (PSECU)
 Address: 1 Credit Union Place, Harrisburg, PA 17110
 Phone (wires): 717-234-8484 ext. 3868
 Routing number: 231381116
 Name of accountholder: Mutual Friends Student Exchange, Inc.
 Account number: 0453272577

Bank checks payable in U.S. Dollars can be made payable to Mutual Friends Student Exchange, Inc and mailed to our address above.

School-Age Agreement

I/we, the prospective student and natural parents, certify that the prospective student possesses the behavioral self-control, character, personality traits and positive attitude necessary to participate in the exchange experience. I/we certify that the prospective student has no undisclosed history of behavioral control problems or criminal activity.

I/we, the student (and natural parents if student is under 18 of age and/or enrolling in a high-school age program) have received or downloaded a copy, completely read, fully understood and do hereby agree to abide by the Mutual Friends Student Exchange, Inc. (MFSE) Student Agency Agreement outlining the rules, regulations, expectations and policies governing the School-Age Student program to which I/we are applying. I/we intend to fully comply, or help the student to comply, with the rules and policies outlined in the Student Agency Agreement.

I/we understand that disobedience to the program rules and guidelines enumerated in the Student Agency Agreement could result in the student's dismissal from the MFSE program and the expectation that plans will be made for an immediate return to his/her country of origin. Any fees paid for participation in the MFSE program will not be refunded in the event that the student is expelled from the MFSE program due to any policy or behavioral violation.

I/we have read, understood and are in agreement with the MFSE Summary of Expenses included in the Student Agency Agreement and the policies outlined therein as they pertain to the program to which I/we are applying. I/we intend to make the expected full and complete payment(s) on time to the various parties to which we are obligated. I/We understand that failure to make timely payment is grounds for the dismissal of the student, without refund of any previously paid funds, from the MFSE program. I/we understand that MFSE will not begin the process of locating a host family or making application to any schools without a financial commitment from us.

I/we certify that the information provided about the student in the MFSE Health History Questionnaire is true and complete to the best of my/our knowledge. We understand and intend to comply with MFSE's policies regarding student possession of medications and preparations.

I/we certify that the prospective student filled out, or helped fill out with my/our assistance, this application with the intent to truly represent him/herself. I/we understand that MFSE will base the decision to admit this applicant to the MFSE program based upon the information contained herein. If the behavior, character or personality traits of the student differ from those described herein, MFSE has the authority to dismiss the student from the program to which he/she was accepted.

No student shall travel for participation in any MFSE program until written consent is received from MFSE. Written consent will be granted upon receipt of all necessary paperwork, verification of medical insurance and payment. Any student traveling without consent will not be met at the airport.

Signature of Student

Date

Signature of Student's Parent/Guardian

Date

Signature of Student's Parent/Guardian

Date