INFORMATION REQUEST FORM

NAME, Last: ___________________ First: ___________ Tel. #: ________________

STREET ADDRESS: ____________________________

CITY,  ZIP CODE: ____________________________

COUNTRY: ___________________ EMAIL ADDRESS: ______________________

PLEASE INDICATE WHICH PROGRAMS YOU ARE INTERESTED IN (Check all that apply):

____ Hosting a foreign student

____ Becoming a part of the SWIFT team

____ Participating in a language study program overseas
   (Please indicate your age:    _____14-18    ______19-26    _____26+)

____ Participating in an internship program overseas
   (Please indicate your age:    _____14-18    ______19-26    _____26+)

____ Participating in a volunteer program overseas
   (Please indicate your age:    _____14-18    ______19-26    _____26+)

____ Other (please specify below)

HOW DID YOU FIND OUT ABOUT SWIFT?  (Please mark all that apply)

____ Friend/Personal Reference    ____ Internet    ____ Newspaper

____ Television    ____ Radio    ____ Other (please specify)

COMMENTS:

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Submit Information        Reset Form