Application for Berggruen Intern Program 2020

Family Name										
Given Name										
School Name				(Grade level to e	enter:				
Date of Birth	/(Mor	nth/Day/Year)	Nick nam	ne						
Mobile Phone			Email							
Home Address										
Parent's email										
Father's Name				Mobile Phone						
Mother's Name				Mobile Phone						
Older Siblings?				# of Brothers	#of Sisters					
Sibling's Name				Brother or Sister	Age					
Important notes				Special talents?						
What are your academic interests? (Ex. school subjects, favorite reading, etc.)										
What extracurricular school activities are you involved in?										
How many years have you studied Chinese or Japanese language and where?										
Have you ever lived abroad? If so, when, where, and under what circumstances?										
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What aspects of East Asian culture interest you the most?										
What activities do you look forward to besides being an intern teaching assistant in a middle/high school?										
					-					
	e appropriate description									
Outgoing	Friendly	Conservativ		Talkative						
Shy	Flexible	Humorous		Responsible						
Studious	Self-confident	Spontaneou		Easy-going						
Curious	Organized	Sensitive	(Other:						

Please indicate your interests and	d hobbies. Wri	ite "R'	" for regular activities and	1 "O" t	for occasional activities.		
Arts & craftsDa	nnce		Museum/historyS		Snow skiing		
Baseball/softballFi	shing		Music		Snowboarding		
BasketballFc	otball		Musical instrument		Soccer		
BeachGo	olf		Photography		Surfing		
BicyclingG	mnastics		Reading		Swimming		
BowlingHi	king/walking		Sailing		Tennis		
CampingHo	Horseback riding		Scuba diving		Γheater		
ChessJo	Jogging/running		Shopping		Video games		
Collecting things Kayaking			Singing		_Volleyball		
ComputersM	artial arts				Weightlifting		
CookingM	MoviesSnorkeling		(Other:			
				<u></u>			
Are you allergic to pets?	Are you allergic to pets? Yes / No If yes, please specify:						
Are you allergic to certain foods	? Yes / No	If yo	If yes, please specify:				
Are you allergic to medications?	Yes / No	If yo	es, please specify:				
Do you have other allergies?	Yes / No	If yo	If yes, please specify:				
Are you taking any medications	? Yes / No	If yo	If yes, please specify:				
Are you a vegetarian?	Yes / No	/ No If yes, please specify:					
Do you have any physical limitation	ns that prevent	you fro	om doing outdoor activities?	?	Yes / No		
If yes, please specify:					.i		
Can you live in a house with sm	okers?				Yes / No		
Are there any special considerat	ons to be take	n in p	lacing you with a host far	nily?	Yes / No		
If yes, please specify:					.i		
Write a short essay in English w	hich will intro	duce y	you to your host family.	What	would you like your		
host family to know about you?			•		•		
-			_		_		