

AMERICAN INSTITUTE FOR FOREIGN STUDY  
**Au Pair in America**  
AMERICAN RED CROSS SCHOLARSHIP APPLICATION

Office use only
Revd: _____
A ( ) R ( ) Date: _____

TO BE COMPLETED BY AU PAIR

Au Pair Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Community Counselor: \_\_\_\_\_

Host Family: \_\_\_\_\_

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

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

American Red Cross Course Title: \_\_\_\_\_ Cost: \_\_\_\_\_

Course Dates: \_\_\_\_\_

**SCHOLARSHIP CHECKS CAN BE MADE PAYABLE TO THE AMERICAN RED CROSS IN ADVANCE OF THE CLASS OR TO THE AU PAIR OR HOST FAMILY WHEN ACCOMPANIED BY AN ORIGINAL PAYMENT RECEIPT.**

American Red Cross Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Host Family Approval: \_\_\_\_\_ (Host Father Signature) \_\_\_\_\_ (Host Mother Signature)

Please tell us how you feel you will benefit from this course: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TO BE COMPLETED BY COMMUNITY COUNSELOR
Course availability has been confirmed: ( ) YES ( ) NO
Confirmation of course cost: ( ) YES ( ) NO
Host Family has arranged transportation: ( ) YES ( ) NO
I recommend this applicant to be granted the requested scholarship. I will monitor and confirm, if granted the scholarship, that this Au Pair will complete the above American Red Cross Course.
Community Counselor Signature: _____ Date: _____

Completed applications should be sent four weeks before the course start date to:

Au Pair in America  
River Plaza  
9 West Broad Street  
Stamford, CT 06902-3788