

Culver City Sister City Committee, Inc.

STUDENT EXCHANGE APPLICATION DUE DATE: _____

(Photo)

Location of Exchange: _____

Exchange Chairperson: _____

Contact #/email: _____

I. CONTACT INFORMATION

Please Type or Print

| Student's (Last) Name | Student's First Name | Student's Middle Name |
|-----------------------|----------------------|-----------------------|
| | | |

Current Mailing Address and Contact Information where documents should be sent:

| Father's Last Name | Mother's Last Name | |
|--------------------|--------------------|--|
| | | |

| Telephone (include area code) | Father's Email Address | Mother's Email Address |
|-------------------------------|------------------------|------------------------|
| | | |

Permanent Mailing Address and Contact Information: (Documents/information will be mailed to this address)

| Street & Number | City and State | Zip Code |
|-----------------|----------------|----------|
| | | |

| Work Telephone (include area code) | Secondary Email Address | Additional Email Address |
|------------------------------------|-------------------------|--------------------------|
| | | |

II. STUDENT'S DATA

| Date of Birth (Month/Date/Year) | Birth City/State | Birth Country |
|---------------------------------|------------------|---------------|
| | | |

| Country of Citizenship | Student's Email Address | Gender |
|------------------------|-------------------------|-------------------------|
| | | Male _____ Female _____ |

| What languages can you speak? | | |
|-------------------------------|--|--|
| English | | |

III. STUDENT'S EDUCATION

| Dates of Attendance | Schools Attended/Location | Grade Point Average | Certificates/Awards/Honors |
|---------------------|---------------------------|---------------------|----------------------------|
| | | | |
| | | | |
| | | | |

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IV. EXTRA CURRICULAR ACTIVITIES (school, religious groups and/or community)

| Organization Name – Years involved | Activity | Frequency (Weekly, Monthly) |
|------------------------------------|----------|-----------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

V. TRAVEL/SLEEP AWAY CAMP EXPERIENCE

| Organization | Location | Duration of Stay |
|--------------|----------|------------------|
| | | |
| | | |
| | | |
| | | |

VI. HAVE YOU OR A SIBLING TRAVELED AS A DELEGATE WITH A PRIOR CCSCC EXCHANGE PROGRAM?

| Date of Exchange | Location | Duration of Stay |
|------------------|----------|------------------|
| | | |
| | | |
| | | |
| | | |

VII. HAS YOUR FAMILY PREVIOUSLY HOSTED A CCSCC EXCHANGE STUDENT?

| Date of Exchange | Country origin of visiting student | Hosted Male or Female Student |
|------------------|------------------------------------|-------------------------------|
| | | |
| | | |
| | | |
| | | |

VII. LIST NAMES OF YOUR REFERENCES?

| Name | Relationship | Contact # and email |
|------|--------------|---------------------|
| | | |
| | | |
| | | |
| | | |

Culver City Sister City Committee, Inc.

STUDENT EXCHANGE APPLICATION INSTRUCTIONS:

1. All documents must be completed by the parent.
2. Confidential Referral Forms must be completed by referring teachers or instructors

The following items **MUST BE ATTACHED** to this application or it will not be considered:

1. Most recent report card
2. Two page essay telling why he/she would like to participate as a delegate in this exchange program. Delegates are representatives of both Culver City and the United States of America and display respect for other cultural and religious differences. The essay must include what benefits they expect to derive from this experience and how they would share the American culture with their host family.

COMPLETED APPLICATION DEADLINE: _____

Please send references and completed application to the following address:

Culver City Sister City Committee, Inc.
Student Exchange Program
P. O. Box 1072
Culver City, California 90232-5307

Culver City Sister City Committee, Inc.

CONFIDENTIAL REFERRAL FORM – DUE WITHIN 5 DAYS

Student's Name: _____

The above student has applied to travel to _____, as a delegate on an 8 day Culver City Sister City Committee Cultural exchange program.

We are looking for students who would represent our City and Nation in the best possible manner. Please keep this in mind when completing this form. No form letters please.

1) How long have you known this student and in what capacity? _____

2) How well do you think the student would:

(5 – Very positive)

(1 – Behaves poorly)

| | | | | | |
|---|---|---|---|---|---|
| Represents a typical American Teen | 5 | 4 | 3 | 2 | 1 |
| Respectful of differences in culture/religion | 5 | 4 | 3 | 2 | 1 |
| Follows directions of adults immediately | 5 | 4 | 3 | 2 | 1 |
| Demonstrates polite behavior | 5 | 4 | 3 | 2 | 1 |
| Positive/confident in unfamiliar situations | 5 | 4 | 3 | 2 | 1 |
| Shares with peers and foreign students | 5 | 4 | 3 | 2 | 1 |
| Displays interest in cultural activities | 5 | 4 | 3 | 2 | 1 |
| Actively participates in group activities | 5 | 4 | 3 | 2 | 1 |

3) Comments or concerns regarding this student: _____

Print Name: _____ Signature: _____

Date: _____

This information will not be shared with the student or family.

Please mail to : Culver City Sister City Committee, Inc.
Student Exchange Program
P. O. Box 1072
Culver City, California 90232-5307

If you have any questions, please contact: _____, Exchange Chair
_____, Telephone No.