

Fort Wayne Sister Cities International, Inc.
Chapman Youth Exchange
2017 PRELIMINARY EXCHANGE APPLICATION

Please prioritize the summer 2017 Chapman exchange that you would to be considered for (#1 and #2):

_____ Gera, Germany _____ Takaoka, Japan

Please type or print carefully:

Student's name _____ Sex: _____ Male _____ Female

Address: Street _____ Student's phone # _____

City/Town _____ ZIP _____ Email address _____

Date of birth: Month _____ day _____ year _____ Current age _____

Father's name _____ Occupation _____

Mother's name _____ Occupation _____

Parent's address (if different from Student's) _____

School information:

Name of high school: _____

Current grade: 9 _____ 10 _____ 11 _____

9th grade students only considered if there are not a sufficient number of 10th and 11th grade student applicants

Class rank: _____ GPA _____

What are your school interests, activities, and achievements?

What are your personal interests and/or community activities?

What language(s) have you studied? _____ Number of semesters _____

Please submit the following:

1. An **essay**: tell us your name, a little about yourself, what you want to gain from this exchange experience and what you will bring to this exchange experience. The essay **MUST meet the following criteria: limited to a maximum of one (1) page, double spaced, ½ " borders and size 12 font.**
2. A **letter of reference** (form attached)

The undersigned indicate the parent's approval and the student's interest in participating in the selected Fort Wayne Sister Cities exchange program:

Parent _____ Student _____ Date _____

Return the completed application **by Friday, September 30, 2016** to:

Fort Wayne Sister Cities - _____ Exchange, 927 South Harrison Street, Fort Wayne IN 46802
(name of city)

Fort Wayne Sister Cities, Inc.
EXCHANGE PROGRAM LETTER OF RECOMMENDATION

Student's name _____

Date _____

- The above named student is applying to be a participant in a Fort Wayne Sister Cities International youth exchange.
- The exchange program wants to select students who will be excellent representatives of their school, our city and our country. Please tell us in the space provided below what you know of the academic performance, language skills, initiative, dependability, maturity, flexibility and other character qualities of the applicant.

Please complete and return this recommendation to the student in a sealed envelope that the student will then submit with his/her Preliminary Application. Also please scan and send a copy to cwright@travlead.com. Thank you for providing this information.

Printed name of person

Signature

**Relationship to applicant
providing this reference**

Applicant's name _____

Fort Wayne Sister Cities International
Youth Exchange Financial Worksheet
(must be submitted with exchange program application)

Sources of Financial Support

- Student's savings \$ _____
- Student's earnings \$ _____
- Student's family support \$ _____
- Chapman Fund \$ _____

(Travel scholarship amount will be determined prior to the program's exchange application being distributed)

OTHER SOURCES (please list below)

- _____ \$ _____
- _____ \$ _____
- Dave Hefner International Fund \$ _____
(you can apply for this scholarship)

TOTAL \$ _____

Anticipated Expenses

- Program Fee \$ _____
This includes all travel while in country; student's portion of the chaperone's expenses; Insurance that covers:
 - *international travel
 - *personal accidental/life
 - *medical/dental
- Passport/visa processing \$ _____
- Round trip travel (airfare) \$ _____
- Student's spending money \$ _____
- Gift for host family \$ _____

TOTAL \$ _____

**Total for financial support should equal the total for anticipated expenses.