

Sister Cities of Newport News, Inc.
International Exchange Programs



Youth Delegate Application

CURRENT APPLICATION DEADLINES:

Monday, September 10, 2018

Travel to Neyagawa, Japan
November 16-25, 2018

Wednesday, October 31, 2018

Travel to Greifswald, Germany
June 15-30, 2019

Saturday, December 1, 2018

Travel to St Nazaire, France
March 27- April 6, 2019

Completed applications can be emailed to: info@sistercities-nn.com
Mailed applications must be postmarked by the dates above and mailed to:

*Sister Cities of Newport News
700 Town Center Dr, Ste 230
Newport News, VA 23607*

All applicants will be sent a confirmation email.

If you do not receive a confirmation email, your application has not been received.

If you have any questions, please email info@sistercities-nn.com or call 757-926-1348

Learn More at www.sistercities-nn.com

Youth Delegate Application

SISTER CITIES NEWPORT NEWS INTERNATIONAL EXCHANGE PROGRAM

PLEASE, Type or print clearly.

Name (as appears on passport): _____
First Middle Last

Apply for travel to: JAPAN GERMANY FRANCE CHINA

Nickname if any: _____ Date of Birth (required): _____

Current Grade Level: _____ School Name (note if homeschooled): _____

Home Address: _____

City / State / Zip: _____

Applicant's Email: _____ Applicant's Phone: _____

Has or is your family planning to host an international delegate for Sister Cities: Yes No

If yes, who did you host or agree to host? _____

I have a valid US passport? Yes No Expiration Date? _____

1. Have you ever studied a language other than English? Yes No

If your answer is yes, which language(s) and under what circumstances did you learn the language (e.g. as a native language, while living abroad, in a "language camp" or through independent study at home). **Please indicate those languages you are fluent in.**

2. Have you traveled or lived in another country? Yes No

If yes, where and under what circumstances?

3. List work, community service, hobbies, sports, instruments played, extracurricular and leisure activities that might be helpful to your participation with a group and in placing you with a family.

4. Have you ever spent an extended period (a week or more) away from your family?
 Yes No If yes, describe the circumstances.

5. Please attach one essay, no more than 500 words, that addresses the following questions. The essay should reflect your own work and thoughts. *Place your name on the top right side of the essay.*
- Why do you believe you would make a good “Youth Delegate”?
 - What is your motivation for applying?
 - How can you see yourself sharing your experience when you return?

I understand that SCNN Youth Delegates are expected to pay for their own passport and visa (China only), air fare, and spending money for exchanges. The hosting international sister city will provide housing (“homestay” with a local family), tours and most meals. If selected, I understand that I will be required to abide by all the rules and regulations set forth by Sister Cities of Newport News as conditions for exchanges, as well as attend all pre-travel educational sessions and meetings. I understand that a \$150 non-refundable fee is required for all delegates chosen for travel; payment is due upon selection. If not paid by the due date, my slot may be given to another delegate. By submitting this application, I also agree to allow my name/image to be used to promote SCNN’s exchange programs in printed and visual media (including but not limited to SCNN’s website and Facebook). I also agree to share my experience with others upon my return and my family agrees to make every effort to serve as “homestay hosts” to an international delegate within 12 months of my exchange experience for one of Newport News’ Sister City partners.

Applicant’s Signature: _____ Date: _____

Parent/Guardian Contact Name: _____

Parent/Guardian Email: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

QUESTIONS? Email info@sistercities-nn.com or call 757-926-1348

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Youth Delegate Recommendation #1

SISTER CITIES NEWPORT NEWS INTERNATIONAL EXCHANGE PROGRAM

Note: This form must be returned to the applicant, so they can include it with their application.

Your Name: _____

Title (if applicable): _____

Email: _____ Phone: _____

How do you know the applicant? (teacher, minister, neighbor, doctor, employer, etc.)

Please estimate the extent to which this young person demonstrates the qualities listed below. Be sure to rate each quality.

	Superior 4	Good 3	Fair 2	Poor 1
Maturity				
Trustworthiness				
Intellectual Curiosity				
Open-mindedness				
Emotional Stability				
Ability to get along with peers				
Ability to get along with adults				
Consideration for others				
Adaptability				
Interest in World Affairs				

Please rate the applicant's overall ability to participate in an international travel and exchange program.

Superior 4	Good 3	Fair 2	Poor 1
_____	_____	_____	_____

Do you have any other comments about this young person's strengths and weaknesses that you think would be helpful to the selection committee in evaluating his/her application?

Date _____ Signature _____

Youth Delegate Recommendation #2

SISTER CITIES NEWPORT NEWS INTERNATIONAL EXCHANGE PROGRAM

Note: This form must be returned to the applicant, so they can include it with their application.

Your Name: _____

Title (if applicable): _____

Email: _____ Phone: _____

How do you know the applicant? (teacher, minister, neighbor, doctor, employer, etc.)

Please estimate the extent to which this young person demonstrates the qualities listed below. Be sure to rate each quality.

	Superior 4	Good 3	Fair 2	Poor 1
Maturity				
Trustworthiness				
Intellectual Curiosity				
Open-mindedness				
Emotional Stability				
Ability to get along with peers				
Ability to get along with adults				
Consideration for others				
Adaptability				
Interest in World Affairs				

Please rate the applicant's overall ability to participate in an international travel and exchange program.

Superior 4	Good 3	Fair 2	Poor 1
_____	_____	_____	_____

Do you have any other comments about this young person's strengths and weaknesses that you think would be helpful to the selection committee in evaluating his/her application?

Date _____ Signature _____