Sister Cities of Newport News, Inc.
International Exchange Programs

Youth Delegate Application

OPEN APPLICATION DEADLINE:

Friday, April 3, 2020
Travel to Neyagawa, Japan
November 21-30, 2020
(dates may vary slightly)

NOTE: Applicants must be in grades 8-12 for the 2020-21 academic school year (homeschooled children welcome) and must provide at the time of application a copy of a current U.S. passport (good for 6 months after the travel dates) or proof that a U.S. passport has been applied for.

Completed applications can be emailed to info@sistercities-nn.com

Mailed applications must be postmarked by the deadline date 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, which exchange(s)? ______________________________________________________

I have a valid US passport?  ☐ Yes  ☐ No    Expiration Date? _______________________

NOTE: If NO, you must provide proof that you have applied for a US passport for your application to be accepted.

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 300 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.
   - What is your motivation for applying?
   - Why do you believe you would make a good “Youth Delegate”?  
   - 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 exchange, 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.

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<th>Superior 4</th>
<th>Good 3</th>
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Please rate the applicant’s overall ability to participate in an international travel and exchange program.

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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?

__________________________________________________________________________________________

__________________________________________________________________________________________

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Date_______________ Signature ____________________________________________________________

QUESTIONS? Call 757.926.1348 or email: info@sistercities-nn.com
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: ______

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