APPLICATION
$500 STUDENT TRAVEL SCHOLARSHIP
Sister Cities of Newport News, Inc.

The mission of the Sister Cities of Newport News, Inc. (SCNN) is to build and strengthen international cooperation, understanding and development between the citizens of the City of Newport News and those of the world.

Our vision is that through cultural, educational, and economic exchanges, the City of Newport News will be recognized as a global leader. At the core of our program are “reciprocal exchanges” with our international partners. It is through these “People to People” exchanges that people, both young and old, learn about one another and foster peace among nations.

ELIGIBILITY:
The recipient must provide proof of a valid passport, be an enrolled student in grade 8-11 and applying for or accepted for travel on the 2020 exchange to Neyagawa, Japan. Tentative dates of travel are November 22-30, 2020. (NOTE: High School Seniors are eligible to travel on SCNN exchanges, but not eligible for a scholarship)

SCHOLARSHIP AWARD:
Two (2) $500 awards will be made. A check in the name of the recipient will be disbursed not less than 30 days prior to the departure date. If for any reason the awardee does not travel on the exchange, the scholarship will be rescinded and awarded to another youth delegate (not necessarily on the same exchange).

SELECTION CRITERIA:
Scholarship recipients will be selected based on the analysis of answers provided on page 2 of this application and the applicant’s brief essay (250 words or less) that should include answers to the following questions.

1) How did you learn about Sister Cities of Newport News?
2) Why do you want to travel to our sister city?
3) What do you plan to stay in touch with contacts you make overseas upon return?

APPLICATION DEADLINE January 15th, 2020
Applications can be emailed to: info@sistercities-nn.com
Mailed applications must be postmarked by February 1 and mailed to:
Sister Cities Travel Scholarship Program
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

Home schooled students are encouraged to apply. Proof of matriculation may be requested.
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(Please Print)
APPLICANT LAST NAME: __________________________ FIRST NAME: __________________________

ADDRESS______________________________________________________________

CITY, STATE, ZIP_________________________________________________________

APPLICANT’s PHONE_____________________APPLICANTS EMAIL_______________________________

School Currently Attending: __________________________ Grade Level: __________________________

1. I have traveled with Sister Cities before: □ YES □ NO
   If yes, when: ___________________________________(name & year of exchange)

2. I (my family) has hosted a Sister Cities delegate: □ YES □ NO
   If yes, when: ___________________________________(name & year of exchange)

3. Languages I speak: ___________________________________________________________

4. I have participated in Sister Cities’ GLOBALBEE International Quiz □ YES □ NO

5. I have submitted my application to travel on the 2020 SCNN Neyagawa, Japan Exchange: □ YES □ NO

6. A copy of the photo page of my passport is attached □ YES □ NO, SCNN office already has it on file

7. My essay is attached □ YES □ NO

ACKNOWLEDGEMENT
I understand that being selected as Sister Cities Delegate and scholarship recipient is a privilege and agree to abide by
the rules and regulations established for the exchange. I further understand that Delegates, and in particular
Scholarship recipients, are expected to PARTICIPATE ACTIVELY in the Sister Cities program. I agree to:

□ Share my experience through activities at my school and in the community at large
□ Volunteer at an area festival in the SCNN booth
□ Host or make every effort to have my family host an international delegate within 12 months of my exchange
   experience for one of Newport News’ Sister City partners.

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) unless otherwise
requested. By my signature below, I affirm the information in this application to be true.

________________________________________________________________________
applicant signature

__________________________  __________________________
DATE ______________________ DATE ______________________

Parent/guardian signature