

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](mailto: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](mailto:info@sistercities-nn.com) or call 757-926-1348

**Learn More at [www.sistercities-nn.com](http://www.sistercities-nn.com)**

# Youth Delegate Application

## SISTER CITIES NEWPORT NEWS INTERNATIONAL EXCHANGE PROGRAM

PLEASE, Type or print clearly.

<b>Name</b> (as appears on passport): _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> <span>First</span> <span>Middle</span> <span>Last</span> </div>
--

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.

---



---



---



---

2

- 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](mailto:info@sistercities-nn.com) or call 757-926-1348**

Completed applications can be emailed to: [info@sistercities-nn.com](mailto:info@sistercities-nn.com)

Mailed applications must be postmarked by the deadline 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.**

# 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 \_\_\_\_\_

**QUESTIONS? Call 757.926.1348 or email: [info@sistercities-nn.com](mailto: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: \_\_\_\_\_

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 \_\_\_\_\_

**QUESTIONS? Call 757.926.1348 or email: [info@sistercities-nn.com](mailto:info@sistercities-nn.com)**