

**Sister Cities of Newport News, Inc.**  
**“STUDENT AMBASSADOR”**  
**SCHOLARSHIP APPLICATION (2024-2025)**

*Scholarships offered to offset the cost of roundtrip airfare for a planned Sister Cities exchange*

**WHO WE ARE:**

The mission of 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.”***

At the core of our international program are “reciprocal exchanges” with our international partners. It is through these “People to People” exchanges that citizens, both young and old, learn about one another and foster peace among nations. Student Ambassador scholarship winners will be representing Sister Cities of Newport News (SCNN), the city of Newport News, their school, and the greater Newport News community.

**ELIGIBILITY:**

Scholarship applicants must be 1) a full-time student in grade 8-12 (public, private, or homeschooled) or 2) a full-time undergraduate or graduate student at an accredited university for the 2024-25 school year. Applicants must be a U.S. citizen. Applicants must be travelling or eligible for travel on an official SCNN exchange. NOTE: For all SCNN exchanges, delegates must be 18 years of age if traveling alone, or as young as 15 - 17 years if traveling with a custodial parent.

**SCHOLARSHIP AWARD:**

The scholarship award is meant to offset the cost of airfare for a planned Sister Cities exchange. The maximum scholarship value for any one recipient will be the equivalent of the roundtrip airfare for the scheduled exchange. Scholarships that do not cover the full airfare may be awarded. The number of scholarships awarded is dependent upon available funds. **Award winners will receive an email upon selection that includes the amount of their award.** If for any reason an awardee does not travel on the selected exchange, the scholarship will be rescinded and awarded to another applicant (not necessarily on the same exchange).

**SELECTION CRITERIA:**

Scholarships will be awarded based on information provided in this application AND, a brief essay (250 words or less) submitted by the student addressing the following questions:

- 1) How did you learn about Sister Cities of Newport News?
- 2) Why do you want to travel as a “Student Ambassador”?
- 3) What skills/talents/interests do you have that will enhance the overall citizen delegation?
- 4) How do you believe traveling on this exchange will impact your future?

**SUBMITTING AN APPLICATION:**

Email your completed application and essay to: [info@sistercities-nn.com](mailto:info@sistercities-nn.com) by the submission deadline indicated for the sister city exchange. All submissions will receive a confirmation email.

***If you do not receive a confirmation email, your application was not received.***

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***If you have any questions, please email [info@sistercities-nn.com](mailto:info@sistercities-nn.com) or call the SCNN office at 757-697-3129***

# SCNN "STUDENT AMBASSADOR" SCHOLARSHIP APPLICATION (2024-2025)

DATE: \_\_\_\_\_

**Please Print – All information required**

APPLICANT'S LAST NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

LEGAL FIRST NAME: \_\_\_\_\_ PREFERRED or "NICK" NAME: \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

APPLICANT'S PHONE \_\_\_\_\_ APPLICANT'S EMAIL \_\_\_\_\_

School Currently Attending: \_\_\_\_\_

Grade Level: \_\_\_\_\_  Fulltime Student  Part-Time Student

1. I have a current US passport:  YES  NO If yes, Expiration Date: \_\_\_\_\_

2. I am active on a Sister Cities Committee:  YES  NO If yes, provide details of your participation:  
\_\_\_\_\_  
\_\_\_\_\_

3. My family has hosted a Sister Cities delegate in our home:  YES  NO  
If yes, when: \_\_\_\_\_

4. I have traveled with Sister Cities before:  YES  NO If yes, when: \_\_\_\_\_  
\_\_\_\_\_ (name & year of exchange)

5. Languages spoken other than English: \_\_\_\_\_

6. I have submitted an "Interest Application" to travel with SCNN:  YES  NO If yes, please list the sister city & exchange date: \_\_\_\_\_

7. Two ways that I plan to share my experience with my school/community upon return are:  
1) \_\_\_\_\_  
2) \_\_\_\_\_

## **ACKNOWLEDGEMENT**

*By my signature below, I affirm the information in this application to be true. If selected as Sister Cities Scholarship Recipient, I agree to abide by the rules and regulations established for the exchange. I further understand that all Citizen Delegates must PARTICIPATE ACTIVELY in the Sister Cities program. By submitting this application, I 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.*

**Applicant Signature:** \_\_\_\_\_

## **PARENTAL ACKNOWLEDGEMENT**

***This section must be completed for any applicant under 18 years or if applicant is still in high school.***

*I acknowledge that my child is applying for this scholarship and further understand that all SCNN delegates under 18 years of age must travel with a custodial parent. **If applicant is a minor, please indicate if you are the sole legal guardian  YES  NO***

Printed Name of Parent/Guardian: \_\_\_\_\_

Full Address: \_\_\_\_\_ phone # \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_