

STUDENT EXCHANGE APPLICATION

What previous international living, travel, or study opportunities have you had? _____

Have you ever hosted an international student in your home? If so, where was the student from and for how long did you host the student?

Would you/your family be willing to host an exchange student? _____

List the names of each member of your immediate family. Attach separate page if necessary.

Name	Relationship	Occupation	Age

Please explain any dietary restrictions: _____

Do you drink alcoholic beverages? Often Occasionally Never

Do you smoke? Yes No

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Do you have any health problems (including allergies) that might interfere with your participation in this exchange?

Germany, Japan, Finland, Armenia

From the above countries with student exchanges, which would be your choices?

First: _____ Second: _____ Third: _____

What factors determined your first choice? _____

What languages have you studied and/or do you speak? _____

What is your level of fluency and comprehension? _____

Please use this checklist to make sure that you submit all the necessary information with your application. Submit to: PasadenaSisterCities@gmail.com

1. Personal Statement. On a separate page please explain why you would like to represent your school and community as a summer exchange student. In your statement include what you would contribute to the experience and what you would hope to gain.
2. Two Letters of Recommendation. One should be from a teacher or school administrator and the other may be from an employer or a community member.
3. School transcript. Submit the most current transcript from your high school or college.
4. This completed application.

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Please sign the application below and ask your parent or guardian to sign if required:

Applicant's Signature

I have read and I agree to the Student Exchange Policy as found on the Pasadena Sister City website:

Parents' (both required if applicable) or Guardians' Signature(s):

PARENT/GUARDIAN 1

Name: _____ Signature: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

PARENT/GUARDIAN 2

Name: _____ Signature: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Thank you for applying to the Pasadena Sister City Exchange Program.

We will schedule a short interview with you so we can get to know you better. We will contact you to schedule the date and time.

If you are selected for an exchange program, we ask you to join Pasadena Sister Cities Committee. Student membership dues are \$10.00. We hope you will be involved with Pasadena Sister Cities Committee for years to come. It is an enriching and rewarding experience.