

**APPLICATION FORM
TEMPE SISTER CITY CORPORATION
2024 STUDENT EXCHANGE PROGRAM**

PHOTO

Must be received by January 5, 2024 at 5:00 pm

Deliver to: City Clerk's Office **OR** **Mail to:** City of Tempe
City Hall, Second Floor City Clerk's Office
31 East Fifth Street P.O. Box 5002
Tempe, Arizona 85281 Tempe, Arizona 85280 **OR** Email to:
tscexchange2024@gmail.com

**Candidate must answer each question and attach a recent color photograph.
Please PRINT CLEARLY and use BLACK INK ONLY**

1. Name _____
 First Middle Last Nickname
2. Permanent Address _____ Tempe _____ Zip Code _____
Telephone Number _____ Email Address _____
3. Sex _____ Height _____ Birth Date _____ Age _____
4. School _____
5. Foreign languages studied and how long for each _____

6. Country of Birth _____ Country of Citizenship _____
7. List school/church/community activities in which you participate _____

Hobbies _____

Work Experience _____

8. What are your plans for the future (education and career)? _____

9. Father's Full Name _____
First Middle Last

Step-Mother's Full Name _____
First Middle Last

- a. Living/Deceased (circle one) Age _____ Country of Birth _____
- b. Home Address _____ Telephone _____
- c. Occupation _____ Telephone _____
- d. E-mail Address _____
- e. Step-Mother's email _____ Telephone _____

10. Mother's Full Name _____
First Middle Last

Step-Father's Full Name _____
First Middle Last

- a. Living/Deceased (circle one) Age _____ Country of Birth _____
- b. Home Address _____ Telephone _____
- c. Occupation _____ Telephone _____
- d. E-mail Address _____
- f. Step-Father's email _____ Telephone _____

11. Age of brothers _____, _____, _____, _____ Age of sisters _____, _____, _____, _____

12. Has anyone residing in the home been convicted of a felony? If yes, describe.

13. Have you traveled abroad? _____ If so, where and dates of stay _____

14. Has your family ever hosted a foreign exchange student? _____
If so, who, what country and dates of stay? _____

15. Have you or your family done volunteer work for the Tempe Sister Cities' Program? _____
If so, briefly describe _____

16. What is the state of your health? _____
Are you taking ANY medications? _____ Do you have ANY food or pet allergies? _____
Please explain _____

17. Please describe (i) what you expect to gain from the experience if selected as a student delegate, (ii) what you and your family will contribute to the program, and (iii) a successful Tempe Sister Cities summer for your family and your foreign delegate.

18. Explain who will live in your home during the student exchange and what will the living arrangements be for the foreign delegate? (For example, share room with other children or separate room).

19. Please describe how you will transport your foreign delegate to the various events in Tempe during the exchange.

20. **CAREFULLY READ** the following statement before signing.

I understand that if chosen, I must abide by all rules of responsible conduct expected of me while living with a host family and hosting an exchange student. I further understand that I must live in Tempe during my senior year in high school.

Signature of Applicant

My son/daughter has my permission to apply for and participate in the Tempe Sister Cities Exchange Program with Regensburg, Germany; Skopje, Republic of North Macedonia; Lower Hutt, New Zealand; Zhenjiang, China; Beaulieu sur Mer, France; Carlow, Ireland; Cuenca, Ecuador; Cusco, Peru; Trollhattan, and Sweden. I (we) have read and understand the attached sheet explaining the program and our responsibilities. As the applicant's parent and/or guardian, and in the event my son/daughter is selected for the student exchange program, I hereby agree to authorize the host family in the above-mentioned cities to act for me in an emergency or accident or illness.

Signature of Parent and/or Guardian

21. **SELF PROFILE – STUDENT STATEMENT**

In a typewritten personal statement of at least 500 words, but no more than two double spaced pages of 12-point font, please:

- a. Describe yourself and your family.
- b. Describe a day in your life during the summer.
- c. Describe your interests.

22. **TO BE ANSWERED BY A PARENT OR GUARDIAN – PARENT STATEMENT**

In a typewritten personal statement of at least 100 words, but no more than two single spaced pages of 12-point font, please describe your son/daughter and describe why he/she would be well-suited for this exchange program.

23. **TEACHER EVALUATION**

Give the attached Teacher Evaluation form and a stamped, addressed envelope to a present or former high school teacher. (The envelope should be addressed to the address shown below on the checklist or the teacher can email to the address listed below.)

24. By whom or how were you referred to the Student Exchange Program (be specific and provide names):

25. **CHECKLIST**

- _____ a. A recent color photograph, sharp and suitable for reproduction, that is no larger than 2 ½” by 2 ½” in size.
- _____ b. Parent’s statement
- _____ c. Student’s statement
- _____ d. Parent’s signature on application
- _____ e. Student’s signature on application
- _____ f. Give Teacher Evaluation and stamped, addressed envelope to a present or former teacher
- _____ g. Deliver, mail or email application and attachments, allowing at least four (4) days for mailing, to:

Deliver To: City of Tempe
City Clerk’s Office
City Hall, Second Floor
31 East Fifth Street
Tempe, Arizona 85281

OR Mail To: City of Tempe
City Clerk’s Office
P.O. Box 5002
Tempe, Arizona 85280

OR Email to: tscexchange2024@gmail.com

Note: Please use a paperclip to keep all items together. If you deliver or mail the required items, please do not staple the pages of the application together or place them in a report cover.