



APPLICATION

CARSON SISTER CITIES ASSOCIATION

2010 STUDENT CULTURAL EXCHANGE WITH SOKA, JAPAN

Deadline: **Monday, May 3, 2010**



Applicant's Name: _____

Address: _____

Telephone: Home : _____ Cell: _____

E-mail address: _____

Parents/Guardians: _____

Address (if different from applicant) _____

Email address: _____ Primary Contact No. _____

High School Year (circle one) 1 2 3 4 College/University (circle one) 1 2 3 4

Name of School/College/University _____

Grade Point Average:

For high school students: last 3 semesters: _____

For college students: last 3 semesters: _____ OR last 6 quarters _____

List extra-curricular activities in which you have taken part during your school years as well as any awards you have earned:

List the community service groups in which you have been involved and any leadership in those groups or projects:

List your educational and career goals:

List your hobbies and special interests:

Do you have any allergies to household pets? Yes _____ No _____
If yes, please explain

Are you currently taking prescription medications? Yes _____ No _____

If yes, please explain

Do you speak a foreign language? Yes _____ No _____

If yes, which? _____

Have you lived away from your family previously? Yes _____ No _____

If yes, where and for how long? _____

Parents/Guardians _____ Telephone: Day _____ Night _____

Address _____ Zip _____

Cell phone numbers _____ Home: _____ Business: _____

Emergency Information

Other Relative:

Name: _____ Relationship: _____

Telephone: Day: _____ Night: _____ Cell: _____

Email Address _____

I verify by my signature that the information contained in this application, as well as the supporting documents submitted with it, are truthful in every respect; that I have read and understand the information contained in the Student Exchange Program announcement; and that, if selected, I will represent the City of Carson, the Carson Sister Cities Association and the United State of America in a way that brings credit to all I represent.

I verify that I have been a Carson resident for a minimum of one year, and that I need all the requirements to participate in the trip.

I fully understand that my family and I must become members of Carson Sister Cities Association to participate in the Carson Sister Cities Association Student Cultural Exchange Program.

Furthermore, I shall agree to host and participate in future sister city student cultural exchange programs sponsored by the Carson Sister Cities Association.

Date: _____ Applicant's Signature: _____

If a minor – Parent/Guardian must sign in addition to Applicant

Date: _____ Signature: _____



Additional Requirements

To be submitted along with completed application

1. A one-page letter explaining why you wish to participate in the Carson Sister Cities Association Student Cultural Exchange Program with Soka, Japan.
2. A one-page letter from your parent or guardian explaining why you should participate in the CSCA Student Exchange Program with Soka, Japan.
3. A one-page letter of recommendation from an instructor or administrator from a school you have recently attended.
4. A one-page letter of recommendation from any community individual with whom you are acquainted other than school personnel.
5. Consent from your parent or guardian for you to take part in the CSCA Student Cultural Exchange Program (use form attached).
6. Certified copies of school transcripts covering the last 3 semesters for high school students; or last 3 semesters or last 6 quarters for college students.
7. Submit a proof of residency such as a, California Driver's License, or California picture I.D.

Recommendations should be from those who have had the opportunity to observe you, work with you and who can give a worthwhile opinion of your character, disposition, industriousness and general worthiness for this program

Return all materials in a single package to the Carson Sister Cities Association, c/o Carson City Hall, Public Information Office, 701 East Carson Street, Carson, CA 90745. Applications must be filed no later than Monday, May 3, 2010.



PARENT CONSENT FORM
CARSON SISTER CITIES ASSOCIATION
2010 STUDENT CULTURAL EXCHANGE PROGRAM



I certify that I am the parent and/or legal guardian of _____, whose age is _____ years, and that I am entitled to his/her custody and control and I do hereby give my permission for him/her to participate in the Carson Sister Cities Association Student Cultural Exchange Program.

I further certify that he/she is of good health and has no physical or other impediment which would endanger his/her participation in such activity or program. However, should my child be injured or become ill, I hereby authorize the CSCA and City of Carson and its officers, agents, and employees to seek medical attention.

In consideration of the Carson Sister Cities Association's acceptance of my child's participation in the student exchange program, I, for myself, my heirs, executors, and assignees, hereby waive, release and discharge the Carson Sister Cities Association, the City of Carson and its officers, agents and employees ("releasees") from any and all claims for damages for death, personnel injury or property damage which I may have or which may hereafter accrue to me, as a result of my child's participation in the exchange program; and I further agree to indemnify and hold harmless the Carson Sister Cities Association and the City of Carson, its officers, agents and employees from any liability or claim or action for damages which in any way arises out of my child's participation in the student cultural exchange program, even though that liability may arise out of carelessness on the part of releasees.

Date: _____ Signature: _____
(Parent/Guardian of Applicant)

In case of emergency please notify:

Name: _____ Relationship: _____

Phone: _____ Cell Phone: _____

Other relative:

Name: _____ Relationship: _____

Phone: _____ Cell Phone: _____

Address: _____
City State Zip Code



2010 Carson Student Exchange Program Personal Information Form



Please include a
2" x 3"
photo with
this form

Full Legal Name

First Middle Last

Home Address City State / Country Zip Code

Telephone Birthday _____ / _____ / _____
Month Day Year

Cell Phone Age _____ Male _____ Female _____

Email Address

School Grade _____ / Year _____

Emergency Contact Information:

Name Relationship

Home Address City State / Country Zip Code

Telephone

Cell Phone Email Address

1. List of any foods you are unable to eat due to allergies, religious convictions or other personal reasons.

Allergies _____

Religious reasons _____

Other reasons _____

2. Do you have any allergies to household pets? Yes No

If yes, please explain _____

3. Do you have household pets? Yes No

If yes, please explain _____

4. Are you currently taking prescription medication (s)? Yes No

If yes, please explain _____

5. List your interests and hobbies and how often you peruse them.

6. Do you speak the Japanese language? None Fair Good Fluent

7. What are you interested in during your visit to Japan?

8. Have you ever been abroad? Yes No

If yes, explain _____

9. Describe your personality: _____

Members of Household:

Name	Relationship	Age	Occupation
	/	/	/
	/	/	/
	/	/	/
	/	/	/
	/	/	/
	/	/	/