

Gastonia Sister Cities Program
2009 – 2010
Santiago de Surco, Peru Student Ambassador Program

APPLICATION

I. Student Information:

Last Name _____ First _____ MI _____

Street _____ City _____ State _____

Zip _____ Phone: _____ Cell: _____

Birth-date: ____/____/____ Email: _____

II. School Information:

Name of School Attending: _____ Grade: _____

Please attach a 2008-2009 transcript of grades/academic records with attendance. Must attach three (3) references, 2 academic, 1 personal interview will be required

Extra Curricular activities and community involvement:

III. Parent Information:

Mother's Name: _____

Phone: Home _____ Work _____ Cell _____

Father's Name: _____

Phone: Home _____ Work _____ Cell _____

Email (if different from student's): _____

IV. Essay Questions: (Please attach answers on a separate sheet)

1. State the reason(s) you would like to learn about a different culture, specifically Peru
2. Why would you like to visit Peru? Include what you think Peru would be like, also include why you may not want to visit.
3. Describe yourself.

V. Teachers Recommendations:

We need at least 2 recommendations from current teachers they may include school, church or after school lessons, or scout leaders.

The other recommendation should come from someone out of the school setting such as a neighbor or family friend.

VI. Should you be selected for this program, you may have the opportunity to travel on an overseas trip. Please answer these questions in reference to housing.

1. Do you have any dietary restrictions? _____
If yes please list:

2. Do you have any physical restrictions, impairments or allergies that will limit placement options or participation in everyday family and/or school activities?
If yes please list:

3. Can you live in a household with pets?: _____

4. Have you ever traveled to another country? _____
If yes please list: _____

5. Will your family be willing to host an exchange student for approximately two weeks?

VII. I have completed the application for the Peruvian Ambassador Program & understand the guidelines.

Photography Release

By my signature, I hereby give permission for my child to be photographed during events, classes, and special activities held by Sister Cities, and I give my permission for those photograph(s) to be used, without restriction as to changes or alterations, for advertising, promotion, exhibition, or any other lawful purposes. I waive any right to inspect or approve the photograph(s) that may be used now or in the future, whether that use is known or unknown to me, and I acknowledge that I understand that there will not be any compensation arising from the use of the photograph(s).

Student Signature: _____ Date: ____/____/____

Parent Signature: _____ Date: ____/____/____

Parent Signature: _____ Date: ____/____/____