



BLOOMINGTON/NORMAL ILLINOIS U.S.A. * ASAHIKAWA HOKKAIDO JAPAN
SISTER CITIES STUDENT EXCHANGE PROGRAM
 Bloomington – Normal, Illinois – Asahikawa, Japan

Student Application
 (Please Type)

1. CANDIDATE DATA:

- A. Name in Full _____
- B. Permanent Address:
 Street _____
 City _____ State _____ Zip Code _____
 Telephone Number _____ Cell _____
- C. Birth Place:
 City _____ State _____
- D. Birth Date _____ E. Sex _____
- F. Height _____ G. Weight _____
- H. Religion _____ I. E-mail _____

ATTACH
 PASSPORT
 SIZE
 PHOTO
 HERE

2. FAMILY DATA:

- A. Mother Living Deceased
- B. Father Living Deceased
- C. Parents Separated Divorced
- D. I live with: (check all that apply):
 Mother Father Stepmother Stepfather Guardian
- E. Father/Stepfather/Guardian:
 Name in Full _____
 County of Birth _____
 Occupation _____
 Employer _____
 Cell Telephone _____
- F. Mother/Stepmother/Guardian:
 Name in Full _____
 County of Birth _____
 Occupation _____
 Employer _____
 Cell Telephone _____
- G. Ages of Brothers _____ Ages of Sisters _____

3. SCHOOL / INTEREST DATA

A. School _____ Class this year _____

B. School Activities and Offices Held:

C. Community Activities:

D. Awards or Special Recognition for Achievements:

E. What courses do you like best? Least? Why?

Note: Applicants selected for final interviews will be requested to submit a transcript of their high school record.

F. Foreign languages studied: How long by June of this year?

G. How have you earned your money? _____

H. Future plans _____

I. Have you lived or traveled aboard? _____
When and Where? _____

J. Have your parents or brothers or sisters lived or traveled abroad? Who, when, and where? _____

K. How did you become interested in this student exchange program? _____

4. SPECIAL INTERESTS AND HOBBIES

This information will be used to assist the Sister Cities Committee in Asahikawa in placing you with a host family, therefore check only those activities that you enjoy and circle the three that occupy the greatest amount of your time.

- | | |
|-----------------------------------|--|
| 1. Playing team sports* | 19. Discussing current events |
| 2. Playing individual sports | 20. Biking |
| 3. Playing musical instruments* | 21. Playing indoor games* |
| 4. Listening to music | 22. Dramatics |
| 5. Watching TV | 23. Dancing* |
| 6. Sewing | 24. Visiting museums |
| 7. Cooking | 25. Camping |
| 8. Reading | 26. Folkloristic activities |
| 9. Gardening | 27. Photography |
| 10. Singing in groups | 28. Participating in political organization/activity |
| 11. Fishing/Hunting | 29. Tennis |
| 12. Drawing/Painting/Sculpting | 30. Swimming |
| 13. Participating in Social clubs | 31. Skiing |
| 14. Debating | 32. Dating |
| 15. Participating in School clubs | Other (specify) _____ |
| 16. Religious activities | _____ |
| 17. Community services | _____ |
| 18. Watching sports | |

** List specifics here _____

5. STATEMENT OF UNDERSTANDING. READ CAREFULLY BEFORE SIGNING:

I understand that the purpose of the Sister Cities Student Exchange Program is to further international understanding and good will. I understand that while abroad I shall be acting as a representative of the United States, my community and my school and I shall do this to the best of my ability.

I will abide by all rules and regulations set forth by the Sister Cities Committee, including the following: I agree not to travel within or outside Japan except with members of my host family or as part of a sister Cities approved group trip.

I further agree that I will not have spending money in excess of the limits set forth by the Sister Cities Committee.

I agree to return to Bloomington-Normal and assist the citizens in a greater understanding of the Sister Cities Program in general and of the life and culture of Asahikawa.

SIGNATURE OF APPLICANT _____
DATE _____

My Son/daughter has my permission to apply for and take part in the Sister Cities Student Exchange Program. As the applicant's parent or guardian, I hereby agree to authorize the Sister Cities Committee to act for me in any emergency of accident or illness in the event my son/daughter becomes a finalist in the Sister Cities Student Exchange Program.

SIGNATURE OF PARENT/GUARDIAN _____

SIGNATURE OF PARENT/GUARDIAN _____

DATE _____

6.
 - A. On a separate 8 1/2 x 11 sheet of paper, please type a statement of about 250 words describing yourself, your family, and your interests.
 - B. On a separate 8 1/2 x 11 sheet of paper, please type a statement of about 250 words to include the following:
 - (1) How you will attempt to interpret Bloomington-Normal and The United States to the citizens of Asahikawa.
 - (2) How you will attempt to interpret Asahikawa to the citizens Of Bloomington-Normal.
 - C. Please have two adults who are not related to you submit letters of Recommendation in your behalf to the Sister Cities Committee. One must be from a teacher.

Please mail application to: Bloomington-Normal Sister Cities Committee
c/o Maho Gramm
2901 Keystone Road
Bloomington, IL 61704