



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

2010 Student Application
 (Please Print)

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. Email _____

ATTACH
 PASSPORT
 SIZE
 PHOTO
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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 Sister _____

3. SCHOOL / INTERSET DATA

4.

A. School _____ Class this year _____

B. School Activities and Offices Held:

C. Community Activities:

D. Awards of 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 you 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 | |
| 14. Debating | 31. Skiing |
| 15. Participating in School clubs | 32. Dating |
| 16. Religious activities | |
| 17. Community services | Other (specify) _____ |
| 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.
 - D. One official copy of the student's high school transcript.

Please mail application to: Bloomington-Normal Sister Cities Committee
c/o Akiko Wilson
20 Linda Lane
Normal, IL 61761