APPLICATION FORM
TEMPE SISTER CITY CORPORATION
2020 STUDENT EXCHANGE PROGRAM

Must be received by December 27, 2019, 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: tsceexchange2020@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)?
   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________

(Rev.8/23/19)
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 ________________________________________ Telephone ______________
   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 ________________________________________ Telephone ______________
    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, Macedonia; Lower Hutt, New Zealand; Zhenjiang, China; Beaulieu sur Mer, France; Carlow, Ireland; Cuenca, Ecuador; Cusco, Peru; and Trollhattan, 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  OR  **Mail To:** City of Tempe  OR  **Email to:** tscexchange2020@gmail.com
City Clerk’s Office  
City Hall, Second Floor  
31 East Fifth Street  
Tempe, Arizona 85281  

City Clerk’s Office  
P.O. Box 5002  
Tempe, Arizona 85280

**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.