#### CITY of SANTA CRUZ



## STUDENT DELEGATION TO SHINGU, JAPAN

#### PROGRAM DESCRIPTION

### SISTER CITIES Committee

**Who Can Go:** 8<sup>th</sup> to 10<sup>th</sup> grade students who have an interest in Japanese language,

culture or arts but have never visited Japan previously. Priority

consideration will be given to students who are residents of, or attend

school in Santa Cruz.

**When:** Spring 2014: Tentative dates – tentatively scheduled for the end of

March and beginning of April.

**Length of Trip:** 9-10 days

**Size of Group:** 14 students and 3 chaperones

**Accommodations:** You will be in the home of a host Japanese family with one other

American student. The Japanese family will probably have a son or

daughter close to your age

**Supervision:** American chaperones, Japanese host families and Japanese teachers

**Cost:** Approximately \$2,200 + spending money. This includes airfare,

bus fare from Osaka to Shingu and return, one night in a hotel, predeparture language classes and required insurance. Departure flight is tentatively planned on United Airlines out of San Francisco Airport.

Partial need-based scholarships may be available.

**How to Apply:** Applications must be filled out online and emailed to Roxi Goin at

rockergoin@cruzio.com by Thursday, October 24, 2013. Applications

are available at www.cityofsantacruz.com/sistercities.

You will be experiencing many different foods, customs and activities. If you are a picky eater, not open to exploring different perspectives and/or not willing to try new experiences, this trip is probably not the trip

for you.

**Selection Process:** Applications will be considered and selected students will be contacted

for an interview. Students not selected for an interview will also be

notified.

This trip is sponsored by the Sister Cities Committee of the City of Santa Cruz.



Sister Cities Committee of the City of Santa Cruz 323 Church Street • Santa Cruz, CA 95060 • 831-420-5277

# STUDENT DELEGATION TO SHINGU, JAPAN

### APPLICATION

Name:(last)		(first)		(middle)
(last)		(IIISt)		(illiddie)
Address:				
(street)	(city)			(zip code)
Home Telephone:		Email Address:		
Name of Parent:				
Work Phone:	Mobile Phone:		Email:_	
Name of Second Parent: _				
Work Phone:	Mobile Phone:		Email:_	
Name of Student's School	:			Grade:
Student's Birthdate: (mo	onth/day/year)	Gender:	Male	Female
Family Information: List their ages.	the names of each family	member, thei	r relationship to	you, their occupation ar
NAME RELATIO	NSHIP	OCCUPATI	ION	AGE

	you need additional space when answering questions, please write the number of the question and aswer the question on the sheet(s) at the end of the form.
1.	Describe your leisure/recreational activities.
2.	Describe school activities in which you are you involved.
3.	Describe community activities in which you are involved.
4.	If you have a part-time job, please describe:
5.	List any special interests, talents, or skills you have.
6.	What would you like your potential host family to know about you and your family?
7.	Describe any previous international living, travel or study:
8.	Do you speak a foreign language? Yes No If yes, which language(s)? What is your level of fluency and comprehension? Excellent Good Average Beginner How many years have you studied this language?
9.	Describe your experience visiting or living in another country.
10	Describe your experience in hosting an international guest in your home.
11.	Describe allergies that you have.
12.	Describe any specific dietary needs.

Applicant Name: \_\_\_\_\_

	Applicant Name:
13	. Describe your background or interest in Japanese language, culture and/or arts. What initially inspired you to learn about Japanese culture? In what ways do you explore these interests? Do you have other international interests or experience? Explain. (Please write a paragraph or two about this).
14	. Why would you like to participate in a student trip to our sister city in Shingu, Japan. What do you hope to learn from this experience? What do you hope to contribute to this exchange opportunity? Explain. (Please write a paragraph or two about this.)
15	. Describe your experience living away from your family for an extended period of time.

Applicant Na	ame:
16. Staying with a host family of a different culture or language catype of challenges do you think you might encounter? How wo may arise? (Please write a paragraph or two about this).	
17. It is expected that your role as a student delegate will impact be project. When you return from Japan, how do you imagine you own life, family and future endeavors? How will you share you your school, city and community? Please describe. (Please write)	or role in this exchange to affect your our exchange experiences with people in
18. Are there any special considerations (personal, dietary, medicing you want Sister Cities to be aware of?	nes, allergies, and/or otherwise) that
Under penalty of perjury I state that all statements made on the requirements for participation in the student delegation to Shire.	
Applicant's Signature	Date
Parent or Legal Guardian's Signature	Date

PLEASE SCAN AND EMAIL A STUDENT APPLICANT PHOTO (3 x 5) TAKEN WITHIN THE LAST YEAR AND A FAMILY PHOTO (5 x7) TAKEN WITHIN THE LAST YEAR.

Applicant Name:	

# **Teacher Recommendation**

Santa Cruz Sister Cities Student Exchange

To be completed by the applications				C 1	
Name: Teacher Name:					
The student above is applying the Please take the time to respond	-	-		_	
To be completed by the teach	er:				
Name:			Position:		
School location:			Phone Numb	er:	
May we contact you if we have	further questions	s regarding this	student?	_YesN	o
1. How long have you known	the applicant?				
2. In what capacity do you kno	ow this student? _				
Please check the number that b $5 = \text{excellent}$ 4				ubric: 1 = not	so good
3. Responsibility	5	4	3	2	1
4. Maturity	5	4	3	2	1
5. Relating to other students	5	4	3	2	1
6. Relating to adults	5	4	3	2	1
7. Response to challenges	5	4	3	2	1
8. Please write a brief recommexchange. You may attach				e considered	for this student
Teacher Signature:			Dat	te:	

# SANTA CRUZ SISTER CITIES SUPPORT

A non-profit (Tax ID # 770575231) organization established to provide financial support for the programs and events facilitated by the Santa Cruz Sister Cities Committee. SUPPORT enables successful programs that promote social, cross-cultural, and educational needs for the residents of the City of Santa Cruz and its Sister Cities. Membership is open to anyone who has the desire and willingness to promote and foster the objectives and purpose of the Sister Cities Committee.

http://www.cityofsantacruz.com/sistercities

Your membership will directly affect all programs and activities, and insure the viability of this valuable citizen's resource.

Members are eligible to serve on subcommittees of the Sister Cities Committee and assist with special projects and events. Members receive all newsletters, special invitations to events, program announcements, and ticket discounts. Members are eligible to apply for certain exchange programs and trips.

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### 2014 Annual Membership Donation

( ) Individual \$15.00	( ) Friend of Sister Cities \$100.00+
( ) Family \$35.00	( ) Business Associate \$250.00+
( ) Student Delegate Family \$50.00	( ) Business Sponsor \$500.00+
( ) Traveling Delegate \$50.00	·
* Memoriam donations of any amount are great	atly appreciated and will be acknowledged *
Memberships run from Jan. 1 to Dec. 31, payı	
Please send t	
Santa Cruz Sister Cities Support 32	
Include a check or po	
http://www.cityofsant	acruz.com/sistercities

Name:	
Address:	
City:	State: Zip:
Phone:	cell:
email:	

