

SISTER CITIES INTERNATIONAL
2022 STUDENT DELEGATION
TO CITY/DESTINATION



SAMPLE APPLICATION

NAME: _____

—

DATE OF BIRTH: _____ SEX: M _____ F _____

NAMES OF PARENTS/GUARDIANS: _____

BROTHERS/SISTERS (Ages up to 20yrs) : _____

HOME ADDRESS (W/ ZIP CODE): _____

PHONE: _____ CELL: _____ E-MAIL: _____

SCHOOL: _____ GRADE: _____

SCHOOL & COMMUNITY ACTIVITIES: _____

HOBBIES & INTERESTS: _____

WHY DO YOU WANT TO PARTICIPATE IN THIS EXCHANGE? Please write a short essay on your interest in this exchange. _____

LIST ANY ALLERGIES AND ANY PRESCRIPTIONS YOU ARE REQUIRED TO USE ON A REGULAR BASIS:

*ATTACH TWO LETTERS OF RECOMMENDATION FROM TEACHERS. (REQUIRED)

Return completed application packet to Sister Cities Box in School Office OR mail/deliver to: ****

ALL APPLICATIONS MUST BE RECEIVED BY DATE

Late or incomplete applications will not be accepted. Please be sure to attach a photo!