



Sausalito Sister Cities Sakaide Japan Program Student Exchange Program Application



Applicant Name (Last, First, Middle):

Date of Birth (year, month, day):	Age in July 2019:
Home Tel #:	Cell #:
Student applicant's e-mail:	
School Name:	
School Address: (Street, City, Zip)	Grade in Fall:

Father	Living with? Yes <input type="checkbox"/> or No <input type="checkbox"/>	Mother	Living with? Yes <input type="checkbox"/> or No <input type="checkbox"/>
Name: (Last, First)		Name: (Last, First)	
Address:		Address:	
E-mail:		E-mail:	
Home Phone:		Home Phone:	
Cell Phone:		Cell Phone:	
Work Phone:		Work Phone:	
Place of Work:		Place of Work:	
Work Address:		Work Address:	

Step Father	Living with? Yes <input type="checkbox"/> or No <input type="checkbox"/>	Step Mother	Living with? Yes <input type="checkbox"/> or No <input type="checkbox"/>
Name: (Last, First)		Name: (Last, First)	
Address:		Address:	
E-mail:		E-mail:	
Home Phone:		Home Phone:	
Cell Phone:		Cell Phone:	
Work Phone:		Work Phone:	
Place of Work:		Place of Work:	
Work Address:		Work Address:	





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Have you had any jobs or paid work experience? Yes ☐ or No ☐
If yes please describe your tasks and responsibilities and length of time worked:

Have you ever been away from home without your family? Yes ☐ or No ☐
If yes, please describe:

Have you travelled before? Yes ☐ or No ☐

If yes, list your favorite places visited, (towns/countries), the duration of time away and whether you were with family or alone.

Place	Duration	With Family or Alone

Why do you want to participate in the Sausalito-Sakaide Sister City program?



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Please describe any health matters that we would need to know about for this program.

Please list any medications you take.

How did you hear about the Sausalito-Sakaide Student Exchange Program?

We would like to invite you to join our Facebook page. How do you use social media in your life? If you use social media (Facebook, Instagram, Twitter) what platforms do you use? Please list your public user accounts below:

References and recommendation

Reference Type	Name	Email	Phone
School principal / teacher / faculty			
An adult from extra mural activity or community service			
Family friend who knows you well			



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Do you have a current passport?

Yes ☐ or No ☐

Country

Expiration date

If you do not have a current valid passport, please apply IMMEDIATELY. You may have to pay a fee to expedite your application which **may** take up to 3 months.

Please read the following and sign below.

This is an application to participate as a student delegate of the Sausalito-Sakaide Sister City Program.

We understand that there is a selection process for a predetermined number of slots in the Sausalito student delegation to Sakaide, Japan.

We understand that program fees are \$950, which includes a \$100 non-refundable deposit. We further understand that airfare and travel insurance will be finalized closer to the time of departure but have ranged from \$1500 - \$2200.

We understand that submission of this application is the first step of the application process and does not guarantee the applicant's selection for this program. After receipt of this application, the applicant will be interviewed and his/her references will be contacted.

We understand that the Sausalito-Sakaide Sister City Program is under no obligation to justify the delegate selection and reserves the right to place an applicant on a runner-up list or reject an applicant.

We understand that, if selected, a non-refundable deposit of \$100 will be required within ten days of notification (May 10th) to secure the applicant's place unless alternative arrangements are made. Once the deposit is received, a delegate packet will be sent with all additional forms for completion and a list of tasks and requirements in preparation for this honor and experience.

We understand that all forms and fees must be submitted by the required dates announced (usually via e-mail) at each step of the preparation process. Program fees and travel costs may **not** be refunded once the airline ticket has been purchased. Students who have not paid fees in full by **mid June, 2019** will not, under any circumstances, be able to participate.

We understand that once accepted to the program as a student delegate, students who find the fees and travel costs a hardship may complete and submit a financial aid application form. The amount of financial aid awarded will depend upon the availability of funds for this purpose.

We understand that all costs related to passport applications and visas, medical insurance, and travel insurance are the responsibility of the applicant's parents/legal guardian and not that of the Sausalito-Sakaide Sister City Program.

Please Sign and Date >> I have read and understand the above conditions:

Signed:	Signed:	Signed:
Parent/Guardian	Parent/Guardian	Student Applicant
Date	Date	Date



Sausalito Sister Cities Sakaide Japan Program Student Exchange Program Application

Please submit this entire application form via mail or email:

- For mail, send application to:

Sausalito Sister Cities Sakaide, Japan Program
357A Molino Ave. Mill Valley, CA 94941

- For email add "Sausalito Sister City" in the subject line and send to Carole Garcia at

cgarcia@garciaandassociates.com.

You will be contacted regarding the next step in the application process in April 2019.

Thank you for your interest in Sausalito Sister Cities Sakaide Japan Program

