



2 0 1 2 - 2 0 1 3

DO NOT WRITE IN THIS SECTION

LS _____ ESSAY _____ INT _____ DE _____
 LANG _____ ESP _____

OFFICIAL USE ONLY. TC ____ - ____

Name _____ (in native language)

Today's Date _____ day _____ month _____ year

INSTRUCTIONS

Note to student: Please read all of the instructions carefully before you start to fill out this application. Specific instructions for each form are located at the top of the form, and additional instructions are located on the last page of this application. Use black ink.

You must complete every section on each form in this application, and return the completed application **and one copy** by the date shown below. If you do not return the completed application **and one copy** by the date below, your application will not be considered.

All forms must be filled out in English. When writing a name or address in English, use English letters, but do not translate. For example, write Jaday Istiqal, not Independence Boulevard. Write your name at top of each form where indicated.

DUE DATE _____

IS SCHOOL TRANSCRIPT INCLUDED?

Yes No

Have you participated in the English Access Microscholarship program? Yes No

STUDENT INFORMATION

Last (Family) Name: _____
(as written on passport)

First Name: _____

Middle Name: _____

Gender (circle one): Male Female Age: _____

Birthdate: Day _____ Year _____

Month (circle one): Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

City of birth: _____

Country of birth: _____

Citizenship: _____

Are you a U.S. citizen, permanent resident or Green Card holder?

Yes No

Have you (or your parents) ever applied to emigrate to the U.S.?

Yes No

Country: _____ Postal Index: _____

City/Town: _____ Province: _____

Address: _____

Home telephone: City code _____ Number _____

Mobile telephone number: _____

Other telephone number where you can be contacted: _____

City code _____ Number _____

Whose telephone is this? _____

Relationship to you: _____

Fax number: City code _____ Number _____

Whose fax number is this? _____

FAMILY INFORMATION If parent is no longer alive, write "deceased." If parent's information is unknown, write "unknown".

MOTHER Last Name: _____

First Name: _____

Middle Name: _____

Work telephone: City code _____ Number _____

Home telephone: City code _____ Number _____

Mobile telephone number: _____

Country: _____ Postal Index: _____

City/Town: _____ Province: _____

Address: _____

FATHER Last Name: _____

First Name: _____

Middle Name: _____

Work telephone: City code _____ Number _____

Home telephone: City code _____ Number _____

Mobile telephone number: _____

Country: _____ Postal Index: _____

City/Town: _____ Province: _____

Address: _____

DO NOT WRITE IN THIS SECTION

This Document is FREE OF CHARGE

Missing Items: _____



STUDENT NAME: _____

Last Name First Name Middle Name

Form 2

ACTIVITIES AND ACHIEVEMENTS

SCHOOL INFORMATION Is this a boarding school at which you board? Yes No

School Name: _____

Class (circle one): 8 9 10 11 12 other _____ Address: _____

Telephone: City code _____ Number _____ School Director: _____
Last Name First Name Middle Name

Website (if any): _____ Email address: _____

SECTION 1

ACTIVITIES, INTERESTS AND SPORTS

HOURS EACH MONTH

DATES OF ACTIVITY (from-to)

Example:

Basketball

8 hours per month

2009-2010

List your activities and interests. Indicate how many hours each month you spend on each activity. Include only activities you have been involved in during the last three years. See the example on the first line and write your activities the same way. You can include:

- Clubs and organizations you have been a member of.
- Sports played.
- Other activities such as scouts, religious or youth groups, volunteering, social activities.
- Special training or hobbies such as music, dance, drama or foreign language.
- Work experience.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION 2

ACHIEVEMENTS, AWARDS AND LEADERSHIP POSITIONS

NAME OF INSTITUTION

DATE RECEIVED

Example:

English Contest - 1st place

School No. 140

2010

List any awards or prizes you have received and any significant achievements for which you have been recognized. Indicate the dates you received the awards or special recognition and the name of the institution giving the award. Examples include prizes, honors, medals or olympiads in areas such as foreign language, creative writing, science, or music. List leadership positions you have held.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you work or have you ever held a job? Yes No If yes, explain: _____

SECTION 3

If you have traveled on any international exchange programs or have lived outside your country, please list in this section.

EXCHANGE PROGRAMS (INCLUDE SPONSORS) OR LIVING OUTSIDE YOUR COUNTRY	DATES (month and year) FROM: TO:	CITY, STATE AND COUNTRY	TYPE OF PROGRAM
<i>Example: School exchange</i>	<i>Nov. 2010 - Dec. 2010</i>	<i>Munich, Germany</i>	<i>Cultural</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ACTIVITIES AND ACHIEVEMENTS

SECTION 4

Place an "X" next to any sports, interests, or hobbies in which you have participated in the last three years. Then write how many hours per week you participate in this activity. Answer truthfully. You may be expected to participate in these activities in the United States.

SPORTS	HOURS PER WEEK	SPORTS	HOURS PER WEEK
<input type="checkbox"/> Aerobics/Shaping	_____	<input type="checkbox"/> Roller-Skating/Roller-Blading	_____
<input type="checkbox"/> Badminton	_____	<input type="checkbox"/> Running/Jogging	_____
<input type="checkbox"/> Basketball	_____	<input type="checkbox"/> Skateboarding	_____
<input type="checkbox"/> Bicycling	_____	<input type="checkbox"/> Skiing	_____
<input type="checkbox"/> Boating	_____	<input type="checkbox"/> Snowboarding	_____
<input type="checkbox"/> Cricket	_____	<input type="checkbox"/> Swimming	_____
<input type="checkbox"/> Football (Soccer)	_____	<input type="checkbox"/> Table Tennis	_____
<input type="checkbox"/> Gymnastics	_____	<input type="checkbox"/> Tennis	_____
<input type="checkbox"/> Hiking	_____	<input type="checkbox"/> Track and Field	_____
<input type="checkbox"/> Hockey	_____	<input type="checkbox"/> Volleyball	_____
<input type="checkbox"/> Horseback Riding	_____	<input type="checkbox"/> Weightlifting	_____
<input type="checkbox"/> Ice-Skating	_____	<input type="checkbox"/> Wrestling	_____
<input type="checkbox"/> Martial Arts	_____	<input type="checkbox"/> Other: _____	_____
<input type="checkbox"/> Mountain/Rock climbing	_____	<input type="checkbox"/> Other: _____	_____

INTERESTS/HOBBIES	HOURS PER WEEK	INTERESTS/HOBBIES	HOURS PER WEEK
<input type="checkbox"/> Acting (Drama/Theater)	_____	<input type="checkbox"/> Listening to Pop Music	_____
<input type="checkbox"/> Art	_____	<input type="checkbox"/> Modern Dancing	_____
<input type="checkbox"/> Astronomy	_____	<input type="checkbox"/> Movies	_____
<input type="checkbox"/> Auto Mechanics	_____	<input type="checkbox"/> Museums	_____
<input type="checkbox"/> Ballet	_____	<input type="checkbox"/> Opera	_____
<input type="checkbox"/> Ballroom Dancing	_____	<input type="checkbox"/> Painting/Drawing	_____
<input type="checkbox"/> Camping	_____	<input type="checkbox"/> Pets	_____
<input type="checkbox"/> Cars	_____	<input type="checkbox"/> Photography	_____
<input type="checkbox"/> Ceramics/Pottery	_____	<input type="checkbox"/> Pop Concerts	_____
<input type="checkbox"/> Chess	_____	<input type="checkbox"/> Playing Cards	_____
<input type="checkbox"/> Classical Concerts	_____	<input type="checkbox"/> Playing Musical Instrument(s)	_____
<input type="checkbox"/> Computers	_____	<input type="checkbox"/> Reading	_____
<input type="checkbox"/> Cooking	_____	<input type="checkbox"/> Religious Activity	_____
<input type="checkbox"/> Crafts	_____	<input type="checkbox"/> School Clubs	_____
<input type="checkbox"/> Current Events/Politics	_____	<input type="checkbox"/> Scouting	_____
<input type="checkbox"/> Debates	_____	<input type="checkbox"/> Singing (in Choir)	_____
<input type="checkbox"/> Environmental Issues	_____	<input type="checkbox"/> Sporting Events	_____
<input type="checkbox"/> Folk Music	_____	<input type="checkbox"/> Stamp Collecting	_____
<input type="checkbox"/> Fishing	_____	<input type="checkbox"/> Television/Video	_____
<input type="checkbox"/> Forestry	_____	<input type="checkbox"/> Theater	_____
<input type="checkbox"/> Gardening	_____	<input type="checkbox"/> Travel	_____
<input type="checkbox"/> Hunting	_____	<input type="checkbox"/> Tutoring/Teaching	_____
<input type="checkbox"/> Indoor Plants/Flowers	_____	<input type="checkbox"/> Video Games	_____
<input type="checkbox"/> Interior Design	_____	<input type="checkbox"/> Writing	_____
<input type="checkbox"/> Knitting/Sewing	_____	<input type="checkbox"/> Writing Letters	_____
<input type="checkbox"/> Listening to Classical Music	_____	<input type="checkbox"/> Other: _____	_____
		<input type="checkbox"/> Other: _____	_____



STUDENT NAME: _____
 Last Name First Name Middle Name

School Name and Location: _____

Current class (circle one): 8 9 10 11 12 other _____

Form 4

RECOMMENDATION FROM TEACHER

INSTRUCTIONS

TO STUDENT: Complete the information on the top of this form. Please ask one of your teachers, who knows you well, to complete this form. If you cannot choose a teacher, you may choose your school director or a teacher from a school you have recently attended. This form must be completed and returned with your application by the due date shown on FORM 1.

TO RECOMMENDER: Please answer the questions, and sign this document. Your answers to the questions on this form will be evaluated along with the student's own application materials to determine his/her suitability for this scholarship program. Therefore we ask you to answer each question honestly, carefully and completely. Return the completed form to the student, who will attach it as part of the application. **This form must be filled out in English.** If the recommender **does not** know English, he or she should write the recommendation on a separate piece of paper, and then have a translator complete, **in English**, the English Form 4 and complete the Translator's Statement. **The recommender must then attach these two forms to each other.** If the recommender **does** know English, he or she should write the recommendation using the English Form 4 **only**.

4.1 Please describe this student's behavior. How does the student respond to authority? How does he/she relate to peers and participate in group projects with other students? What talents, interests and skills does this student have that will contribute to an international exchange experience? Please give examples.

4.2 Please comment on the student's motivation in school and study habits.

4.3 Please evaluate the student's character in the following categories (check the appropriate boxes):

Personality Traits	Excellent	Above Average	Average	Below Average
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Openness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to adapt to new situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to interact with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of English (if known)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

4.4.1 Has the student had any adjustment or disciplinary problems at school? Yes No

4.4.2 Has the student missed or repeated a year? Yes No

4.4.3 Does the student have a history of continuous or frequent absences from school? Yes No

4.4.4 Does the student have any special educational needs? Yes No

If you answered "yes" to any question, please explain: _____

RECOMMENDATION FROM TEACHER

4.5 How long have you known this student? Years: _____

4.6 In what context do you know this student? _____

4.7 Are you a teacher at the student's high school? Yes No If no, explain. _____

4.8 Check one of the following and explain below:

- I feel this applicant is ready to become an exchange student.
- I have some reservations about this applicant's readiness to become an exchange student.
- I do not recommend this applicant.

Please explain: _____

RECOMMENDER

Name of recommender: _____
Last Name First Name Middle Name

Position of recommender : _____

Country: _____ Province: _____ City/Town: _____

Address: _____

Telephone: City code _____ Number _____

SCHOOL STAMP (if no stamp, please explain):



SIGNATURE OF RECOMMENDER: _____

TRANSLATOR'S STATEMENT

4.9 This section must be filled out by the translator if the original recommendation is not in English.

I hereby certify that the above English translation is a true and accurate rendering of the original text.

Name of translator: _____
Last Name First Name Middle Name

SIGNATURE: _____ Date: _____



STUDENT NAME: _____
Last Name First Name Middle Name

Form 5

PLACEMENT INFORMATION

INSTRUCTIONS

Please fill out this form truthfully and completely. This information is not used during the selection process, so your answers to these questions do not affect your chances of being selected. Your answers on this form are used only to match you with an American host family if you are selected.

1 Describe a typical (normal, not special) day in your life.

1.1 Have you ever been to the U.S.? Yes No If yes, when? _____
How long did you stay? _____

1.2 Have you ever lived in or traveled to other countries? Yes No If yes, when and where _____

1.3 What are your household responsibilities?

1.4 What time do your parents expect you to be home during the week? _____

On weekends? _____

1.5 How much time do you spend on average studying at home each day? _____ hours each day

1.6 Have you ever lived away from home? Yes No If yes, explain: _____

1.7 Check the box that best describes the community where you live: urban suburban small town rural area

1.8 What is the population of your community? (approximate): _____

2 LANGUAGE STUDY

2.1 How many years have you studied English? _____ years At what age did you begin to study English? _____

2.2 What is the primary language spoken in your home? _____

2.3 What other languages do you know? Please list and indicate your **SPEAKING** ability in each language.

Language: _____	Years studied _____	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Language: _____	Years studied _____	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Language: _____	Years studied _____	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Language: _____	Years studied _____	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent

3 Future Plans: Do you intend to continue your education upon completion of secondary school? Yes No

3.1 If yes, what do you intend to study? _____

3.2 What are your future job or career plans? _____

4 About your family. Who lives in your home? (indicate all that apply)

Father _____	name	age	occupation	Mother _____	name	age	occupation
Grandfather _____	name	age	occupation	Grandmother _____	name	age	occupation
Brothers _____	name	age	occupation	Sisters _____	name	age	occupation
_____	name	age	occupation	_____	name	age	occupation
_____	name	age	occupation	_____	name	age	occupation
Others _____	name	age	relationship to you	Others _____	name	age	relationship to you
_____	name	age	occupation	_____	name	age	occupation

4.1 Parents are: married separated single divorced. If divorced, mother remarried, father remarried

4.2 Do you have family members or friends in the U.S.? Yes No If yes, explain: _____

5 What is your religion, if any? _____

5.1 How often do you currently attend religious services in your home country? once or more a week occasionally never

5.2 Do you need a special place for prayer? Yes No

6 Can you swim? Yes No

7 Do you smoke? Yes No

For all applicants: Whether or not you smoke, in most cases, you will not be allowed to smoke while on the YES program in the U.S. I understand that there are laws restricting smoking in my host state and host school, and that my host family may have objections to smoking in their home. I agree to honor these laws and/or restrictions.



 Student signature (indicating understanding of this statement)

8 Can you live in a home where other people smoke inside the home? Yes No

9 Do you have any dietary restrictions for health, religious or other reasons? Yes No

If yes, please explain: _____

10 Do you have allergies? Yes No If yes, please explain (examples food allergies, grass, pollen, medicines, dogs, cats, etc.):

Please explain your treatment or medication: _____

11 Will you bring any medication or supplements with you? Yes No

If yes, please give the name of the medication or supplement and indicate what it is for, how it is taken, etc. _____



STUDENT NAME: _____
Last Name First Name Middle Name

Form 6

PHOTOGRAPHS

INSTRUCTIONS

- 1) On this page glue 2 photos, taken within the last two years, showing you with your family or friends. Write your name clearly in English on the back of each photo. Do not write on the front of the photographs.
- 2) You must also submit **2 PASSPORT SIZE PHOTOGRAPHS**. Please smile! Place these 2 photographs in an envelope, seal the envelope and attach it to the back of this form. On the envelope write in English your name (last, first, middle), your date of birth (day/month/year), and your home town. You must include all of the required photographs as part of your completed application by the due date shown on FORM 1.
- 3) All photographs are used in the host family placement process and help introduce you to your American family. Photos are not used during the selection process, and they are not used for passports or for any other official documents.
- 4) The photographs will not be returned to you.

Attach photo here

1 Describe the photo. Indicate which person is you.

For example, the 2nd person from the left

Attach photo here

2 Describe the photo. Indicate which person is you.



STUDENT NAME: _____

Last Name

First Name

Middle Name

Form 7

PARENT/STUDENT AGREEMENT

INSTRUCTIONS

You and your parents should carefully review this document and must sign all three English-language copies. One copy should be removed from this application and kept by your parents. Return the two remaining copies as part of your completed application by the due date shown on FORM 1.

A. PURPOSE

The Kennedy-Lugar Youth Exchange & Study Program (YES), ["the Program"], funded by the United States Government, promotes respect for cultural diversity, friendship between the United States of America and your country, and opportunities for personal development through international host family living. The Program is implemented by private, not-for-profit organizations ("YES program organizations"). It provides the opportunity to attend an American school, share in U.S. family life, learn about the United States, increase the participants' sensitivity to cultural differences and similarities, and develop a deepened awareness of shared human values and interests. The Program, as implemented by YES program organizations, consistent with its commitment to international understanding, does not discriminate on the basis of race, color, national origin, religion or sex in employment or in making selections and placements of students.

B. PARENT AGREEMENT General Program Policies

- We give our son or daughter permission to participate in this Program. We and our son or daughter will obey the policies described in the Program Handbook and YES program organization guidelines. We understand that the original English-language version of this document represents the final authoritative wording of all policies and guidelines.
- We affirm that we or any other immediate family member has not applied at any time to emigrate to the U.S.A. We understand that if application for immigration has been filed, the U.S. Embassy will not issue a visa for the Program to our son or daughter. We affirm that we or any other immediate family member (whether estranged or not) is not a U.S. citizen or green card holder.
- We acknowledge that our son or daughter has not stayed in the U.S. for three (3) months or more during the past five (5) years.
- We understand that our son or daughter must meet the Program eligibility requirements and is a citizen or permanent resident of the country in which s/he is applying, and is able to receive an international passport.
- Home stay requirement: As participants of an exchange program funded by the U.S. Government, YES students are subject to Department of State's Two-Year Home-Country Physical Presence requirement [212(E)], which stipulates that the student must reside in their home country for a minimum of two years after completing their educational or cultural exchange program before they are eligible for immigrant or temporary worker status.
- We understand that we may not visit our son or daughter during his or her participation in the YES Program unless we obtain written approval from the YES program organizations.
- We understand that if our son or daughter is selected to receive a scholarship, final acceptance will depend on fulfillment of the medical, placement, and academic requirements of the sponsoring student exchange organization.
- We agree to release and discharge the YES program organizations, employees, host families, program representatives, and school representatives from any legal liability, claim, or demand in connection with:
 - any emergency, accident, illness, injury or other consequences or event arising from the actions or participation of our son or daughter in the Program, or
 - any cause, event or occurrence beyond the control of the YES program organization, including, but not limited to, natural disasters, war, terrorism, civil disturbances, and the negligence of parties not subject to the control of the Program organization.

Travel Policies

- We agree that our son or daughter will travel to and from the United States in strict accordance with the travel plans made by the Program.
- We will not encourage or permit our son or daughter to travel outside the host community during his or her participation in the Program except in strict accordance with the following requirements:
 - Where our son or daughter desires to travel outside the host community with and under the supervision of his or her host parent(s), school official or other responsible adult, our son or daughter must first obtain written approval for such travel from the YES program organization. For international travel this includes authorization of the DS2019 form.
 - Where our son or daughter desires to travel outside the host community unaccompanied by his or her host parent(s), school official or other responsible adult, our son or daughter must obtain written approval for such travel from the YES placement organization and us. For international travel this includes authorization of the DS2019 form.
 - We understand that many YES placement organizations place limits on or do not allow visits with natural family members or friends. We agree to follow all placement organization rules concerning visits with natural family members or family friends.
- We understand that our son or daughter will be responsible for paying any fees incurred for carrying baggage in excess of the baggage limits set by the airlines used for Program travel. We understand that this provision applies to both international travel and domestic travel within both the U.S.A. and our country.
- We understand that in making travel arrangements for our son or daughter, the YES program organization contracts with or uses commercial airlines, trains, buses, restaurants, hotels and other entities whose performance and services cannot be controlled by the Program. Consequently, we agree that the YES program organization is not liable for any of

the actions or negligence of such commercial entities including, but not limited to, lost baggage, uncomfortable accommodations, and travel delays. We further agree that the YES program organization reserves the right to change or alter travel, lodging or other arrangements if it believes such change or alteration to be in the best interest of the participants or the Program.

13. We understand that our son or daughter must return home at the end of the program on the date assigned by the responsible YES program organization. Changes to the assigned departure date will not be made to accommodate graduation, prom or other special school or family events that occur after the assigned date. We understand that the U.S. visa issued to our son or daughter will not be amended or extended beyond the program end date. No exceptions will be made to this policy.

School and Host Family Placement

- We authorize the YES program organizations, employees and representatives to change the place of residence or school designated for our son or daughter when they believe such change to be in the best interest of our son or daughter. We understand that we will be notified of any such changes.
- We recognize that schools in the U.S. may impose academic standards or other requirements in determining grade level placement that differ from those imposed in the school our son or daughter now attends. We acknowledge and accept that participation in the program does not guarantee credit or graduation from the school our son or daughter now attends or from the U.S. school he or she will attend while participating in the Program. We understand that it is our responsibility to arrange with the school our son or daughter now attends to receive credit or to take exams upon completion of the Program; or to arrange for permission for academic absence from any institute or university to be attended upon return.
- We are aware that the U.S.A. is a multi-racial, multi-ethnic country providing a diversity of possible living experiences and that there is no single living experience that is typical. We understand that placements are made on the basis of criteria designed to determine suitability of host families, and the Program does not discriminate on the basis of race, religion or ethnic origin, either of students or of host families.
- We understand that there are strict laws restricting smoking in the U.S. and that the host family may have objections to smoking in their home. We agree to honor these laws or restrictions.

Health/Medical Issues

- We confirm that the information stated in the Student Health Certificate is accurate and contains no material omissions of which we are aware. We will immediately inform the YES program organization of any change in information given. We understand that such new information may require reconsideration of our son's or daughter's status in the Program. In the event our son/daughter has a recurrence of any previous illness or anything contracted before leaving home or in the U.S. that is not covered by insurance, we authorize the YES organization to release our child to our care in our country. We will not hold the YES organization responsible for any debts incurred in connection with this permission. We understand that treatment will be provided for injuries sustained by our son or daughter while on Program but the extent of coverage is subject to the insurance provider's rules and policies.
- We confirm that we have provided a full and complete medical and immunization history on our son or daughter. We understand that U.S. schools absolutely require immunizations, and we agree to allow the Program organization to arrange for all such immunizations which are required for our son/daughter. We understand that such immunizations will be administered according to U.S. medical standards and at no expense to us or our son or daughter.
- As the applicant's parents or guardians, we agree to and do hereby authorize the YES program organization, its personnel and representatives, and the adult members of the host family, to act for us in any emergency, accident or illness.

Termination from the Program

- We understand that our son or daughter may be dismissed from the Program for behavior that the Program, at its discretion, considers detrimental to our son or daughter or to the Program.
- We agree that if we violate any provision of this Agreement, or if our son or daughter, during his or her stay in the U.S. does any of the following, then it may be determined that our son or daughter has voluntarily withdrawn from the Program:
 - is absent without authorization from the host school or the place of residence designated by the YES program organization; or
 - violates any provision of this Agreement; or
 - Has misrepresented him or herself in the program application.
- If our son or daughter voluntarily withdraws, or is dismissed, from the Program at any time after departure from our country, we understand that his or her scholarship, visa and health insurance coverage are canceled.

Dedation

- We have discussed the Program and this Agreement with our son or daughter, and each of us fully understands the obligations imposed on us.
- We confirm that all information provided in this application is truthful. We understand that any misrepresentation or false answer in this application can be grounds for our son or daughter's elimination from the Program.

SIGNATURE OF A PARENT OR LEGAL GUARDIAN: _____

Parent's written name: _____ Date: _____
Last Name First Name Middle Name

C. STUDENT AGREEMENT

I have read this Agreement and discussed with my parent(s) its terms and conditions. I agree with the purpose of the Program and fully accept all terms and conditions of this Agreement, and all other rules, regulations and conditions set forth concerning the Program. In particular I will do my best to become an integral part of my host family, school and community; will travel only in accordance with Paragraphs 9, 10 and 13 of this Agreement; and will attend the school designated for me on a regular basis and complete all work to the best of my ability. I hereby certify that the information provided in all parts of this application is truthful. I understand that any misrepresentation or false answer can be grounds for my elimination from this program.

SIGNATURE OF STUDENT: _____

Date: _____

I hereby attest that the student and the student's parent or legal guardian have signed this document before me.

SIGNATURE OF WITNESS: _____

Written Name: _____ Date: _____
Last Name First Name Middle Name

The policies presented here are the general policies for students. Since variations regarding specific policies and procedures exist among program organizations, it is important that you check with the representatives or office of your placement organization in the U.S.A.

PROGRAM ELIGIBILITY REQUIREMENTS

Participation on the Program: Applicants will be considered for a scholarship to participate on this Program if:

1. No immediate family member has applied at any time for permission to emigrate to the U.S.A. or for a green card;
2. The applicant meets the YES age and grade (class) requirements for his or her country; and
3. The applicant is a legal citizen or permanent resident of the country from which he or she applies.

GENERAL POLICIES

- Internet: Students are required to follow ALL RULES regarding use of the computer (regardless of whose property it is) and the Internet as determined by his/her placement organization, host family and/or host school. Students who place private (contact information, pictures, etc.) or inappropriate information on the Internet may be dismissed from the program. The rules are intended to protect students' safety and are based on federal guidelines and laws governing what can and cannot be posted online. Violation of any of these rules may result in dismissal from the program or criminal charges. Students who in any way put the safety of themselves or others at risk by misusing the Internet may be dismissed from the program
- Dangerous/risky activities: The following activities have been determined by most insurance companies to be too risky, and treatment for injuries sustained while participating in them will not be covered by insurance: driving any motorized vehicle (such as a car, motorcycle, all-terrain vehicle, etc.) hang gliding, bungee jumping, jumping on a trampoline, parachute jumping, parasailing, scuba diving, piloting a private plane, mountain biking, mountaineering, rock climbing, skate boarding, extreme sports, handling or using a firearm or other weapon and any other such activities prohibited by your placement organization.
- Driving: Exchange students are not permitted to drive any motorized vehicle under any circumstances. Violators of this policy will be considered for program dismissal. This applies even if they are in possession of an International driver's license or if the host family feels that the student is a responsible and careful driver. Exceptions may be granted for farm equipment if allowed by the student's placement organization. If authorized, the student must observe precautions regarding safety and legal limitations.
- Employment: The J-1 visa permitting the student to stay in the U.S.A. restricts employment. Program participants may seek only part-time, small jobs such as babysitting, yard clean-up, etc., according to specific regulations of program organizations.
- Marriage: Married students are not permitted on the Program. If marriage occurs while the student is a participant or is discovered to have occurred prior to the student becoming a participant, the student will be considered for Program dismissal.
- Pregnancy: If a program participant is found to be pregnant she must return to her home country. Male students who cause pregnancies also must return home.
- Student expenses: The Program provides visas, travel arrangements, host family and school placements, allowances and insurance. The Program is not responsible for additional student expenses beyond the incidentals allowance, monthly pocket allowance, and official program activities and travel. The host family is responsible for three meals a day for the student and must provide EITHER lunch money OR a bag lunch if the student cannot go home for lunch. All other expenses, such as extra school fees or activities, social activities, personal and hygienic supplies, postage and telephone calls, are paid by the student using Program allowances.

TRAVEL POLICIES

- Return to home country at the end of the Program: all students must return to their home country at the end of the program on the date assigned by the responsible YES program organization. Students will not be allowed to remain in the U.S.A after their assigned return-travel date. Those who do not adhere to this will be reported to the Department of Homeland Security and U.S. Immigration and Customs Enforcement and will have their program insurance cancelled.
- Student travel: It is the policy of the Program that only authorized student travel is permitted. Authorized student travel must meet these three criteria:
 1. The YES placement organization has knowledge of the student's location and approves the travel in advance, and/or the program organizations have obtained the natural parents' written permission for the travel;
 2. The student's safety is assured to the greatest extent possible;
 3. The travel does not interfere with school attendance.
- Visits with natural family, home country friends or relatives who live in the US: Such visits are strongly discouraged during the program year, especially during the initial adjustment period. Such visits interrupt the continuity of the relationship with the host family and may diminish the exchange experience for the student and host family. Policies vary by placement organization.
- Visits to the home country while on Program: Such visits are not allowed. Exceptions may be made, contingent upon funding and Program approval, in case of the death or imminent death of an immediate (mother, father, brother, sister) family member. An unauthorized visit will result in dismissal from the Program. Such non-emergency trips break the continuity of the relationship with the host family and may diminish the exchange experience for the student and host family. Any requests for exceptions must be presented to the YES program organization in the U.S.A. and approved by the U.S. Department of State.

SCHOOL AND HOST FAMILY PLACEMENT

- School attendance: All program participants must attend a high school and maintain a normal course of school work. Non-attendance may result in consideration for Program dismissal or determining that the student has left the Program.
- School performance: Allowing for an initial period of linguistic and/or academic adjustment, a student must achieve and maintain adequate academic results. After a reasonable period of time, poor motivation, under-achievement, or inappropriate behavior in combination with poor family adjustment, may be cause for Program dismissal.
- School expulsion: If a student is expelled from school, that student will be considered for Program dismissal.
- YES students cannot be hosted by natural family members.

HEALTH/MEDICAL

- Medical treatment of a student (including emergencies): Before a student arrives in the U.S.A., the Program must receive written permission from natural parents to obtain emergency medical attention if needed (see Permission for Care of My Child). Students will receive complete medical attention in case of an accident or emergency. Each insurance provider has specific policies and restrictions governing the types of expenses they will reimburse. YES Program organizations, their representatives and host families are not responsible for any medical bills, not covered by insurance, incurred by a student regardless of who signs a hospital admission form. The Program also is not responsible for any negative results because of medical treatment.

TERMINATION

- Leaving the Program early: If the student is absent from the host family, school or other place to which the Program has assigned him or her, without obtaining the written approval of the Program, the Program may determine that the student has left the Program through his or her own voluntary action. In this case, the Program is absolved from all obligations, legal or otherwise, to the student or his/her parents or guardians for the student's current or future well-being. The Program will, if the circumstances warrant, work with the student to return to the Program. However, if this cannot be accomplished, a decision will be made that the separation from the Program is final, and the student will receive a letter from the Program sponsor indicating that the student has been reported to the Department of Homeland Security and U.S. Immigration and Customs Enforcement. The student's medical insurance will be cancelled.
- Unauthorized travel may constitute termination from the Program: The YES placement organizations in the U.S.A. determine authorization for travel. Procedures for obtaining permission to travel vary by organization.

ILLEGAL ACTIVITY

- Alcohol: Students are required to observe all U.S. laws with regard to the minimum drinking age. Minimum drinking age in the U.S. is 21. Students involved in drinking will be considered for program dismissal.
- Drugs: Program participants may not possess or use drugs that are illegal in the U.S. Violators of this policy may be dismissed from the Program and are subject to prosecution by the U.S. legal system.
- Theft/shoplifting: Students involved in theft (either from an individual or from a place of business) or shoplifting may be dismissed from the Program and are subject to prosecution by the U.S. legal system.
- Violation of the law: If a student is found to have violated a U.S. law, is arrested, and/or is charged with a crime, the student may be dismissed from the Program but is first subject to prosecution by the U.S. legal system.



STUDENT NAME: _____
Last Name First Name Middle Name

Form 8

MINOR PARTICIPANT NAME AND/OR LIKENESS RELEASE

I hereby consent to and authorize the use of my name or likeness (or the name or likeness of my child) in connection with participation in the United States Department of State ("DOS")-sponsored exchange program, the Kennedy-Lugar Youth Exchange and Study (YES) Program.

I understand and give my consent that this use may include, but is not limited to, any photographic, video or other recording of my words, likeness, images and/or written materials.

DOS and the participating organizations shall have the right to exhibit, reproduce, distribute, display or otherwise use my name and/or likeness in all media or technology now known or hereafter developed, and may assign such rights to third parties.

OR

I do not authorize the use of my (or my child's) name or likeness.

Please check the appropriate box above to indicate your choice and sign below.

Student Signature

Parent or Legal Guardian Signature

Date

Date

Student Printed Name (First, Middle Last)

Parent or Legal Guardian Printed Name

Student Home City and Country



STUDENT NAME: _____
Last Name First Name Middle Name

Form 9

PERMISSION FOR CARE OF MY CHILD

STUDENT INFORMATION

Last (Family) Name: First Name: Middle Name:
Gender (circle one): Male Female Age: _____ Birthdate: _____
day/month/year

Fill out the information in the lines above. Have your parent or legal guardian sign the statement for permission for care. Return this document as part of your completed application by the due date shown on FORM 1.

PERMISSION FOR CARE (STATEMENT TO BE SIGNED BY YOUR PARENT)

My son/daughter has my permission to take part in the YES program. As the applicant's parent or legal guardian, I authorize the participating organization or the host family in the U.S. to act for me in any emergency, accident, illness or need for immunization. I will not hold the organization responsible for the results of any treatment in said emergency, accident, illness or need for immunization. In the event my son/daughter has a recurrence of any previous illness or anything contracted before leaving home, I, the undersigned authorize the participating organization to release my child to my care in my country. I will not hold the organization responsible for any debts incurred in connection with this permission.

I give permission to the physician selected by the program to order x-rays, routine tests and treatment related to the health of my child for both routine healthcare and in emergency situations. I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia or emergency surgery for my child. I also understand that American Councils will make every effort to contact me in any such case.

In addition, I agree that providers who treat my child may release medical or other legal records of my son/daughter in the U.S. to program representatives including American Councils for International Education, the U.S. placement organization and/or the U.S. host family, and may talk to program representatives about my child's health status. I give permission to photocopy this form.

PRINT NAME OF PARENT OR LEGAL GUARDIAN: _____
Last Name First Name Middle Name

RELATIONSHIP TO STUDENT: _____

SIGNATURE OF A PARENT OR LEGAL GUARDIAN: _____ Date: _____
day/month/year



STUDENT NAME: _____

Last Name

First Name

Middle Name

Form 10

PRIVACY POLICY STATEMENT

Privacy Information about candidates and participants of programs is required for American Councils for International Education: ACTR/ACCELS, AFS Intercultural Programs, iEARN, AMIDEAST, and IRIS (YES program organizations) to administer the programs, to evaluate their quality and effectiveness, as well as to develop new projects.

American Councils firmly adheres to the principle of confidentiality of information received from program candidates and participants and uses the information in accordance with this Privacy Policy Statement. The principles stated herein are binding only on American Councils; other organizations involved in the administration of these programs may adhere to other privacy or similar policies.

1. CONTENT AND MEANS OF COMPILING INFORMATION

Information about program candidates and past and current participants consists of data contained in their applications, information derived from interviews with them, as well as information gathered in the course of the program relating to the administration of the program and academic achievement. This information, in addition to contact information, education, professional experience and information on the place and nature of work, and position of participants may also include other personal information.

American Councils stores this information in written and electronic form. Some information, such as contact information is continually updated so that representatives of YES program organizations can remain in contact with program participants in order to offer supplemental information about new programs and projects as well as to obtain the participants' evaluation of the effectiveness of programs.

2. USE OF INFORMATION

Information, which is compiled as described above, may be:

- Used by qualified selection committees and interviewers to review the candidacy of applicants to the program;
- Supplied to the program's funding organization;
- Submitted to potential host schools, universities, or hosting organizations and/or organizations which provide internship opportunities to arrange placement in an academic, training, or internship program or a host family;
- Used for the evaluation of an individual's participation in the program and adherence to norms and rules established by the program;
- Used for notifying past program participants of upcoming events and about new programs and projects they may participate in;
- Used in the collection of data for program evaluation purposes;
- Provided to funding agencies or organizations contracted by American Councils to conduct program evaluations;
- Provided to participants and alumni of this and other U.S. government-sponsored programs for the purpose of fostering alumni networking;
- Provided to non-commercial organizations for the purposes promoting professional development among program alumni.

Information about individuals—program candidates and participants—may also be used by American Councils, funding agencies, and their representatives for the purpose of statistical and evaluative research of the programs. Information analyzed for these purposes may be published only as aggregate statistical data. Personal data are not subject to publication, except for contact information and information related to the U.S. academic or professional program (such as placement location: school, university, etc., or hosting organization; field of study and research topic), to subsequent involvement in alumni programming (such as participation in events for alumni and the small grant programs) as well as information provided to YES program organizations by the participant or alumnus/na (unless the participant or alumnus/na expressly prohibits publication of said material).

Printed Name of Applicant: _____ SIGNATURE OF APPLICANT: _____
Last Name First Name Middle Name

Country/City of Residence: _____ Date: _____

I hereby agree to the terms of the collection, use, updating (changing, renewal), cross-border sending and retention (and any and all other uses as stipulated in Forms 1-11) of the personal information in this application, additionally including the processing of special personal information dealing with religious persuasion, health condition, and personal and family life, concerning my son/daughter with the purpose, covered in the Privacy Policy Statement, of using the information for the period of the program, for statistical and evaluation purposes of the program. This agreement can be rescinded by me in writing.

Applicant's Parent or Legal Guardian (please print): _____
Last Name First Name Middle Name

SIGNATURE: _____ Country/City of Residence: _____ Date: _____



OFFICIAL USE ONLY. TC -

STUDENT HEALTH CERTIFICATE

Form 11

PART A - INSTRUCTION TO THE STUDENT

It is important that this form be filled out completely and accurately. **THIS FORM MUST BE FILLED OUT IN ENGLISH.** Complete PART A. Your physician must complete PART B, and your dentist must complete PART C. When all parts are completed, return this document as part of your application by the due date shown on FORM 1.

Student's name: _____ Date of Birth: _____ Sex: M F
Last Name First Name Middle Name (day month year) (circle one)

PART B - MEDICAL CERTIFICATION (TO BE COMPLETED BY YOUR MEDICAL DOCTOR)

This student may be participating in a program that involves living in the U.S.A. with a host family. Please give especially detailed information on any medical or psychological conditions that would be of concern during this student's stay in the U.S.A. Please write clearly in **black pen in English.** Upon completion of this form, please return it to the student. Thank you for your assistance.

1. MEDICAL HISTORY. Has the student ever received treatment, attention or advice from a physician or other practitioner for, or been told by any physician or practitioner that he/she had (circle Yes or No for each question):

1.1 Allergies to Medications or Vaccines	Yes No	1.12 Chronic or recurrent Kidney or Urinary Tract Disease	Yes No	1.24 Hearing Impairment	Yes No
1.2 Other Allergies	Yes No	1.13 Persistent or Recurrent Headache	Yes No	1.25 Anorexia/Bulimia	Yes No
1.3 Asthma	Yes No	1.14 Seizure Disorder (Epilepsy)	Yes No	1.26 Psychiatric Problem or Illness	Yes No
1.4 Tuberculosis	Yes No	1.15 Other Neurologic Abnormality or Disease	Yes No	1.27 Learning Disability	Yes No
1.5 Chronic or recurrent Respiratory Disease	Yes No	1.16 Thyroid Abnormality or Disease	Yes No	1.28 Sexually Transmitted Diseases	Yes No
1.6 Rheumatic Fever	Yes No	1.17 Diabetes Mellitus	Yes No	1.29 HIV/AIDS	Yes No
1.7 Disease or Abnormality of the Heart	Yes No	1.18 Other Endocrine Abnormality or Disease	Yes No	1.30 Hepatitis	Yes No
1.8 Chronic or recurrent Upper Gastrointestinal Disorder	Yes No	1.19 Chronic or recurrent Arthritis	Yes No	1.31 Chicken Pox	Yes No
1.9 Chronic or recurrent Lower Gastrointestinal Disorder	Yes No	1.20 Muscle Disease or Skeletal Abnormality	Yes No	1.32 Measles	Yes No
1.10 Abnormal Weight Loss or Weight Gain	Yes No	1.21 Chronic or recurrent Skin Condition	Yes No	1.33 Mumps	Yes No
1.11 Enuresis (Bedwetting)	Yes No	1.22 Cancer or Leukemia	Yes No	1.34 Rubella	Yes No
		1.23 Eye Abnormality or Disease	Yes No	1.35 Other childhood diseases	Yes No

IF ANY OF THE ABOVE ITEMS IS ANSWERED "YES", PROVIDE DETAILS BELOW (PLEASE IDENTIFY BY ITEM NUMBER):

Item No.	Date of last symptoms or attack	Specific diagnosis; date of diagnosis; severity and frequency; current treatment (including medications); physical or dietary limitations; need for ongoing care
<i>Example 1.31</i>	<i>Sept. 15-21, 2010</i>	<i>Chicken pox, without complications. Bed rest. No further treatment needed.</i>

2. IMMUNIZATION RECORD. An accurate and complete record will be required for the student to enter school in the U.S.A. Please record **all** dates DAY . MONTH . YEAR for **all** doses of the following vaccines (since birth):

2.1 Can the student receive immunizations? Yes No **If no, explain:** _____

2.2 Diphtheria, Pertussis and Tetanus Vaccines	DOSE 1 Date: ___/___/___	DOSE 2 Date: ___/___/___	DOSE 3 Date: ___/___/___	DOSE 4 Date: ___/___/___	BOOSTER DOSE <i>(must be within past 9 years)</i> Date: ___/___/___
	DOSE 5 Date: ___/___/___	DOSE 6 Date: ___/___/___	DOSE 7 Date: ___/___/___	DOSE 8 Date: ___/___/___	
2.3 Poliomyelitis (trivalent oral): Check which series: <input type="checkbox"/> 4 doses <input type="checkbox"/> 8 doses <input type="checkbox"/> other: _____ doses	DOSE 1 Date: ___/___/___	DOSE 2 Date: ___/___/___	DOSE 3 Date: ___/___/___	DOSE 4 Date: ___/___/___	
	DOSE 5 Date: ___/___/___	DOSE 6 Date: ___/___/___	DOSE 7 Date: ___/___/___	DOSE 8 Date: ___/___/___	
2.4 Measles/Mumps/Rubella: Individual vaccinations or MMR vaccinations	DOSE 1 Date of measles (Rubeola): Date: ___/___/___	DOSE 2 Date of measles (Rubeola): Date: ___/___/___	Date of Mumps: Date: ___/___/___	Date of Rubella (German Measles): Date: ___/___/___	MMR Booster Dose Date: ___/___/___
	DOSE 1 MMR Date: ___/___/___	DOSE 2 MMR Date: ___/___/___			
2.5 Tuberculosis (BCG): <input type="checkbox"/> Yes <input type="checkbox"/> No	DOSE 1 Date: ___/___/___	DOSE 2 Date: ___/___/___			
2.6 Hepatitis B:	DOSE 1 Date: ___/___/___	DOSE 2 Date: ___/___/___	DOSE 3 Date: ___/___/___		
2.7 Varicella:	DOSE 1 Date: ___/___/___	DOSE 2 Date: ___/___/___			
2.8 Additional doses or other vaccinations: (for example, Influenza)	VACCINE _____ Date: ___/___/___	VACCINE _____ Date: ___/___/___	VACCINE _____ Date: ___/___/___	VACCINE _____ Date: ___/___/___	VACCINE _____ Date: ___/___/___



APPLICATION INSTRUCTIONS

Carefully read these instructions, and the instructions on each of the forms, before you begin to fill out the application. You will not be able to receive another application if you make any mistakes, so it is best to make a copy of the application before you begin. The application must be filled out in black ink. Instructions are given for many, but not all, questions. All signatures should be as they appear in your passport. **Return the completed application and one copy (except Form 4) to your YES office by the date indicated on Form 1 of the application. Please keep a copy for your files.**

FORM 1: Do not write anything in the space in the top right hand corner where it is written **OFFICIAL USE ONLY**. Write your full name on each form exactly as it appears on the top of Form 1 and in your passport.

Name (in local language) – Write your name in the language of your country.

Today's Date – The date you fill out the application.

Due Date – The date that your application is due at the designated office. If your application is received after the due date, even if it is in the mail, it will not be considered.

STUDENT INFORMATION

Family name or last name, as written in your passport.

Middle Name, if any - If you do not have a second or middle name, write **NONE**. If you have more than one, write them all.

Gender - Circle Male or Female.

Age - Indicate your age on the day your application is due.

Birthdate – The day, month, and year that you were born. Circle the appropriate month.

City of birth - The name of the city, town, or village where you were born. If the name has changed, write the current name.

Country of birth - The name of the country where you were born. If the name has changed, write the current name.

Citizenship – If you are a citizen of more than one country, write only the name of the country where you will receive your international passport. It must be the country in which you are applying.

Postal Index – Please be sure to put your correct postal index.

Country – The country where you currently live.

City – The city, town, or village where you currently live.

Address – The actual address where you live. Do not translate the address. Write it as it sounds in your native language.

Home telephone – You must include the city code. If you do not have a home telephone write **NONE**.

Other telephone number where you can be contacted -You must fill out this blank. You may write the phone number of a relative or a friend.

FAMILY INFORMATION

You **must** include information about both parents. If your parent is no longer alive, write **DECEASED**. If you do not know who or where they are, write **UNKNOWN**. The YES program needs to have information on the people who are legally responsible for you and make decisions for you. This may include a stepparent or a parent who does not live with you.

MOTHER and FATHER - Current family name –The name that is written in his or her passport.

If someone other than your mother or father is legally responsible for you, write **LEGAL GUARDIAN** after his or her name in the space for mother or father.

Work, home and mobile telephone numbers: You must include the city code. **Mobile number:** If your mother and father do not have mobile phones, write **NONE**.

FORM 2: Write your name at the top of the form. Fill out this form truthfully. If you write that you play basketball three (3) times a week or enjoy swimming, you may be expected to participate in these activities in the U.S.

SCHOOL INFORMATION

School (city and number or city and name) - the city where the school is located and number of the school (or the name of the school).

Do not translate the name into English. Write it as it sounds in your native language.

Circle the class in which you currently study. If your class is not shown, write your class in the blank after **other**. The **address** and **telephone** number of the school as well as the name of the **school director** must be included. If your school has a website and/or an email address, indicate the addresses in the blanks.

Section 3 must be filled out completely. If you have never participated in an international exchange program, or lived outside your country, write **NONE**.

FORM 3: Write your name at the top of the form. You may use a dictionary. Use only the page provided. Extra pages will be discarded.

FORM 4: This form should be filled out by a teacher who knows you well. If you cannot choose a teacher you may ask the school director, or a teacher from a school you have recently attended. Before you give the form to your teacher, write your full name at the top, as well as the name of your school, and circle the class in which you study. If your class is not shown, write your class in the blank after other.

If your teacher knows English, he or she should fill out the English version of Form 4. The English version must be signed by the teacher and have the school stamp. If you cannot get a school stamp, you must provide an explanation. If your teacher knows English, the Translator's Statement is left blank.

If your teacher does not know English, make a copy of Form 4, translate the questions into the native language, and have the teacher fill out the form in their native language. This version must be translated, in English, onto the original Form 4. Form 4 must be signed by the teacher and have the school stamp. The Translator's Statement must be filled out by the translator. Neither the applicant nor a member of the applicant's family may translate Form 4.

Both the English and local language versions (if original is not in English) of Form 4 must be returned with the application.

FORM 5: Write your name at the top of the page. Answer these questions honestly. They are not used during the selection process. They are used to find an American family for you to live with.

FORM 6: Write your name at the top of the page. Attach two (2) current photos to this form showing you and your family or friends. Photos should not display cigarettes, alcohol, revealing clothing or bare stomachs, or weapons (knives, guns). Indicate which person you are. Photos will not be returned. Put two (2) passport size photos in a separate (your own) envelope. Smile for this photo! On the envelope, in English, write your complete name, date of birth, and your hometown. Attach the envelope to the back of Form 7.

FORM 7: You must complete the three copies of Form 7. Attach two copies to the application. You keep one copy of the form. Each copy of the form must have your signature, the signature of one of your parents, or legal guardian, the signature of a witness (the witness must be an adult and may not be the other parent; however, the witness can be a family member), and the date that Form 7 was signed. If Form 7 is signed by your legal guardian, please underline LEGAL GUARDIAN.

FORM 8: You and your parents need to make a choice and sign this form.

FORM 9: Only one parent needs to sign this form. This allows you to receive emergency medical treatment, If this form is signed by your legal guardian underline LEGAL GUARDIAN. This form may not be signed by a relative who is not your legal guardian.

FORM 10: You and one parent, or a legal guardian, must sign this form and return with the completed application.

FORM 11: This form needs special attention. Form 11 must be filled out in English. You should complete Part A. You may attach an extra page to Form 11 if there is not enough space to explain an illness or other health related issue.

Part B: Section 1: The doctor must provide an explanation for any question answered YES.

Section 2: This section must be filled out completely and accurately. If you have not received an immunization, write a dash (-) in the blank.

Section 3: You must provide the results of a tuberculosis skin test performed after September 1, 2011. Indicate the size and date of the skin test (3.1). If the result of the skin test is 10 mm or greater, or if any box in 3.2 is checked, you must also get a chest x-ray and provide the date and result of the chest x-ray (3.3).

Section 4: Information needs to be given about your height, weight, blood pressure, and pulse. The doctor must provide an explanation for any question answered YES.

Section 5: The doctor must provide an explanation for any question answered YES. The doctor must circle one of the options in point 5.12.

Form 10 must contain the physician's signature, the date s/he signed the form and the physician's or medical institution's stamp.

Part C: Form 10 must contain the dentist's signature, the date s/he signed the form and the dentist's stamp. The dentist must answer all of the questions, and explain where indicated.

Secondary School Transcript of Grades: In addition to your current year transcript, you must submit a certified copy of your last two years' transcript of school grades. If necessary, include transcripts from previous schools. The transcript should be official and have the stamp of your school.

- o Read all instructions before beginning
- o Be truthful

- o Write clearly and in black ink
- o Additional materials will be discarded

If your application is not filled out completely, it will not be considered.