Hawkesbury Sister City Association Inc (HSCA)

Application for 2019 Student Exchange Program

This is an electronic application form. Please complete all sections as indicated and return as per instructions at the end of the application for.

Temple City, USA

Either

Kyotamba, Japan

This application is for

If either, please select your FIRST preference:

Kyotamba, Japan	Temple City, USA								
Applicant Details									
Full Name									
Home Address									
Is the above address your only residence? Yes	No								
If no, please provide the address of the other home you reside at:									
E-mail Address									
Home Phone Number									
Mobile Number									
Date of Birth	Age:	Gender:	М	F					
School:	Year:								
Parent Details									
Mother	Father								
Name	Name								
Mobile Number	Mobile Number								
E-mail address	E-mail address								
Family Information									
Please provide the name and relationship of ALL members of friends etc who use your home as their main residence). For		_	ders,						

To be completed by the applicant						
What are your hobbies/interests?						
Do you belong to any clubs/organisations? If so, what are they, what do you do within the club/organisation?						
Do you have a part time job? Yes No						
If yes, where?						
Do you have any visible tattoos or piercings? Yes No If yes, please list.						
Self Concept – How do you see yourself?						
Travel Experience						
Why do you want to participate in this exchange program?						
with do you want to participate in this exchange program.						

Referees

As part of the application process, students are required to provide a list of THREE referees who will be contacted by phone for a reference. The first referee MUST be the applicants current YEAR COORDINATOR or HOUSE COORDINATOR depending on the school. Other referees may include employers, teachers or personal referees.

Referee #1	Name	Position/Relationship
	Contact Number	
Referee #2	Name	Position/Relationship
	Contact Number	
Referee #3	Name	Position/Relationship
	Contact Number	

OFFICE USE ONLY				
Applicant Name				
Referee				
Behaviour				
Confidence				
Interactions with peers				
Interactions with teach	hers			
interactions with teachers				
Involvement in the school community/extra curricular activities				
Over Character				
Over character				
Recommendation				
HSCA Representative				

Declaration

In submitting this application for the Hawkesbury Sister City Association Student Exchange Program you are acknowledging, as you would by signing your name, that –

- shortlisted applicants are required to attend a pre-selection session on Saturday 10th November from 3pm - 7pm;
- shortlisted applicants will be required for interview on Sunday 11th November;
- the program consists of **compulsory information sessions** in addition to the actual visitation;
- student exchange delegates are required to **adhere to the Policy and Regulations** set out by the Hawkesbury Sister City Association and act in a manner appropriate to a member of a Hawkesbury Sister City Association delegation;
- as the applicant/parent/guardian I/we understand that I/we are responsible for all costs incurred in the program including, but not limited to airfares, passport costs, visas, travel insurance and spending money;
- families of Hawkesbury exchange students are required to host an inbound student.

How did you hear about this program?								
	Social Media	Past Exchange Student	School	Other				
Please return the completed form to The Secretary, Hawkesbury Sister City Association Inc. by email:								
applicationshsca@gmail.com								

Applications must be received at the above email by Tuesday 30th October 2018.