

Welcome and Thank You for choosing PEACE!

BEFORE YOU BEGIN, SAVE A COPY OF THIS APPLICATION TO YOUR COMPUTER ON YOUR DESKTOP AND CLOSE THIS WINDOW. OPEN THE SAVED FORM ON YOUR DESKTOP! TYPE ONLY IN THE SAVED FORM!! IF YOU TYPE ON-LINE IT WILL NOT SAVE!!

Section 1: PRE-APP (Preliminary Application)—the first nine (9) pages of this application

1. This portion of the application is to be completed by the student applicant and his/her family—as appropriate.
2. **All blue fields are required and must be completed in English.** If a question does not apply to you, please type N/A, which stands for “not applicable”), into the text box so we know that you read it.
3. **After all blue fields are complete,** signature pages must be printed off and signed with a BLACK ink pen.
4. The following application materials **MUST** be sent via email or fax to complete the pre-application:
 - ES (Exchange Student) Cover Page
 - ES Photo Page
 - Personal Profile Pages (one in English and one in your language if you have local representative)
 - Personal Attitudes & Expectations Page
 - Activities and Interests Page (**signature required**)
 - Student Essay (**signature required**)
 - Miscellaneous Expense & Geographic Preferences (**signature required**)

All pages that require a signature must be printed and signed, then either faxed to (570) 277-6621 or scanned, attached to an email and sent to paz@peace-inc.org.

WHEN YOUR PRELIMINARY APPLICATION IS REVIEWED, YOU WILL RECEIVE EITHER A DENIAL OR A CONDITIONAL ACCEPTANCE LETTER WITH AN INVITATION TO COMPLETE THE REST OF THE APPLICATION. UPON RECEIPT OF AN ACCEPTANCE LETTER, YOU WILL BE ENCOURAGED TO CONTINUE TO WORK ON THE FULL APPLICATION, WHICH WILL BE REVIEWED AS PAGES ARE RECEIVED IN PEACE HEADQUARTERS TO COMPLETE YOUR FILE.

Section 2: Expanded Application—the remaining seventeen (17) pages of the application

1. This application is to be completed entirely in English by the student applicant, unless otherwise specified at the top of the page (such as a doctor, teacher, etc.- who complete the remaining fields). In other words, mom and dad, you’re not the exchange student and should not be completing the application for him/her.
 2. All blue fields are **REQUIRED** to be filled in by the student or family - as appropriate.
 3. **After all blue fields are complete,** signature pages must be printed off and completed.
 4. All pages requiring signatures must be printed and signed with a BLACK ink pen. Once complete, fax to (570) 277-0607 or email to paz@peace-inc.org with the rest of this application. If you have a Representative, also copy these to him/her.
- | | |
|--|--|
| • Academic Reference page (signature required) | • Medical History Page (signature required) and any additional original medical documents |
| • Academic History page (signature required) | • Authorization to Treat a Minor page (signature required) |
| • Original School Transcript | • Consent for Release of Information page (signature required) |
| • Miscellaneous Academic Preferences (signature required) | • Student Agreement page (signature required) |
| • Foreign Language Ability pages (signature required) | • Parent Agreement page (signature required) |
| • Community (Personal) Reference pages (signature required) | • All Agreement/Contract pages (signature required) |
| • Immunization Record page (signature required) | |
| • Clinical Examination page (signature required) | |

You must also mail 6 color photos (small enough to fit an ID card) to 40 Water Street New Philadelphia, PA 17959

You will be given a draft of the VISA application to review for spelling and dates and a receipt called an I-901. You will need the number from this receipt to make an appointment with the U.S. Consular office nearest to you to schedule an interview for your VISA. In order to do this, go to state.gov and find the application for a DS-160. There will be an additional fee for the U.S. Consular interview, which you will be expected to pay by credit card. YOU WILL ALSO RECEIVE AN ORIENTATION AND MATERIALS FROM EITHER PEACE HQ OR YOUR REP TO PREPARE YOU FOR A SUCCESSFUL INTERVIEW.

DURING THIS PROCESS, ONCE YOUR FULL APPLICATION IS RECEIVED AND APPROVED, YOU WILL RECEIVE A FULL ACCEPTANCE. AFTER YOU RECEIVE YOUR VISA, OUR FIELD STAFF WILL BE FREE TO BEGIN SEARCHING FOR A HOST AND A SCHOOL FOR YOU. WHILE IT IS HOPED FOR, IT IS NOT NECESSARY FOR YOU TO HAVE EITHER TO GET YOUR VISA.

If you encounter any problems in completing or submitting this application, please call us at (570) 277-6621. As you complete pieces of the application, submit them so we can develop your file as we receive it. Remember, all must be complete before travel.

NAME:

COUNTRY:

STUDENT APPLICATION



(LC) LOCAL COORDINATOR:

LC ADDRESS:

LC PHONE

FAX:

LC EMAIL:

ProAmerican Educational And Cultural Exchange

40 WATER STREET, NEW PHILADELPHIA, PA 17959

TEL: (570) 277-6621 FAX: (570) 277-0607

Web Site: www.peace-inc.org E-Mail: paz@peace-inc.org

ES INCOMING STUDENT APPLICATION INSTRUCTIONS

Before reading these instructions and completing this application, you should have already read the introduction page to this document. If you did not, please do so now. Once you complete the first section of the application, you must submit it along with a copy of your last school report card, a \$500 non-refundable app & visa fee, and prepare yourself for an interview with a program representative. The student, not his or her parents or teachers, should complete this application as much as possible. Review all before turning in to your representative or emailing us. Do not leave any answers blank. Check [x] each area off as you complete it.

[] 1. **PROFILE SECTION:** First, complete the basic, Personal Profile questions on the FRONT page. The first page is to be filled out, the second page will auto-fill with the data from the first page. The second profile page is for PEACE use only. This page must be completed entirely in English. This is because you are applying to live in an English-speaking country. The people reading your application there probably don't speak your language; so, you must now do everything in their language. Disclose all relatives (including cousins, aunts, uncles) in the USA. Falsified information will result in financial penalties, a denied visa, and reduce the chance of future visas to visit the USA.

[] 2. **ATTITUDES QUESTIONNAIRE:** Share your preferred life-style and to reveal some of your personality traits, philosophy, and beliefs. We cannot guarantee that all of the people you will live with will have a compatible temperament with yours, or that you will get to do or see all that you want, but this will help us better match you with a host family (since the family chooses the student) and for them to better understand you. Use numbers instead of [X] to be more precise in your answers. This is *very* important describing things you are bothered by (5=allergic, 4=highly bothered, 3=moderate, 2= minor annoyance, 1=Doesn't bother you at all). If allergic tell if you control it and how. Make sure these answers describe you and not what you think we want, or you'll end up in the wrong home

[] 3. **ACTIVITY LIST:** Here, check in the first column all activities you'd done recently or do currently do. In the second column check the ones you'd like to do as an exchange student. Be honest and accurate. Describing what you think will make you more interesting than you are will get you selected by the wrong family. If allergic tell if you control it and how. When you print this form out, manually blacken the boxes you currently do the most and also want to do the most as a student (this is because the computer does not allow you to blacken a box).

[] 4. **PERSONAL INTRODUCTION:** Your letter must be written without assistance in English. It is your story, not someone else's. Don't duplicate statistics from the first page. Your essay should be a brief description of your family & relationship, weekly routine, hobbies, yourself, goals, mission and why you would be a good ambassador of your country. Don't forget to sign your name. Your parents should write an open letter of introduction to the new host family. You must translate it into English if they can't.

[] 4. **MISCELLANEOUS PREFERENCES AGREEMENT:** This agreement addresses various preferences that we offer our students. Some of these preferences are accompanied by additional expenses and impact a student's academic setting, geographic location and eligibility to attend the Spring Trip. This form must be completed by the student and his/her parents, printed off and signed with a black ink pen.

[] 5. **ACADEMIC SECTION:** You must attach an official transcript of your last two full years, plus available present-year grades. Make an English translation of those courses in this section. If credits are needed because you will not be graduated from high school, your principal must write a letter (with an English translation) requesting the classes you need for credit. If you will have graduated by the time you travel, don't expect to receive a diploma or academic credits from your host school. You must bring a copy of your current year's transcript if you want to be eligible for school sports. Even then Not all schools allow exchange students to play.

[] 6. **ENGLISH TEST:** Ask your most recent English teacher to give you the English test in the Academic Section and rate you honestly. Exaggerated evaluations may result in American schools to canceling your enrollment. If you are not good in basic conversational English, start taking private lessons immediately. We may call you to conduct an English interview. Your visa interview will be conducted in English.

[] 7. **COMMUNITY REFERENCES** must be completed by ADULT neighbors, friends, clergy, or employers unrelated to you. Attach this form into an email to your references and have them forward the completed form to paz@peace-inc.org with your name in the subject line.

[] 8. **MEDICAL SECTION:** U.S. consular interviewers now may deny visas for failure to have proper vaccinations for school. If any immunization has not been given or boosted as required on the chart on page one, PLEASE get your doctor to give it AT THE TIME OF YOUR EXAM. (MMR & Td must be boosted every 10 years!) Extra vaccinations may be recommended, depending on destinations. **Expenses for exams and immunizations are your responsibility. PEACE Medical Insurance won't pay for immunizations here. If you wait, you'll pay \$100 for each vaccine. It doesn't pay sports physicals.** If you wear braces, attach a copy of your orthodontic program here; also, bring a newly updated one with you when you travel. Your entire medical history must be accurate & documented.

[] 9. **AGREEMENTS:** You and your parents must read and sign all applications and agreements such as the Academic History form, Medical History form, Consent for Release of Information, Student/Parental Agreement, Travel Issues Agreement, Medical Insurance Agreement and the Expense agreement. Parents must also sign the Payments/Cancellations/Refunds Agreement.

[] 10. **1 digital or 3 ID-size prints** for your application, advertising, and student I.D. **Be sure to smile!** (2) Add color snapshots of your house & family. Print name on the back of prints, to insure not getting mixed up with someone else's. (3) Photocopy main page of passport.

[] 11. In English, **make a 5-10 minute video (CD, DVD, or camera phone video)** of your house, family, friends, school, activities & city. Email or mail to us. It will help the host school evaluate your English and be useful to you for making local presentations after you arrive.

[] 12. **Attach a photocopy or scan of the main page on your passport.** A search for a host family will not begin until 50% of the placement fee is paid. All fees are due before visa documents are released or a plane reservation is made.

This *entire* application should be **FULLY** completed and returned to your representative within 30 days of this date: _____

ATTENTION: Your application will be returned as incomplete if any questions are unanswered. If you do not understand the meaning of a question, ask! If it does not apply to you, draw a line through that field, which tells us you read the question.

Before traveling, you will receive an orientation to review rules & obligations you and your parents must follow while participating in the program. False expectations cause trouble for everyone; therefore attendance is mandatory. This meeting may be held before notice is received of a host family. Consular officers may deny visas to persons deemed likely to become a public charge by considering factors such as age, health, family status, financial resources, education.

ATTACH PHOTOS OF STUDENT, FAMILY, PETS, FRIENDS, SCHOOL

If you are completing this application online, please attach photos separately to the email containing your completed application. If you are completing the paper version, please feel free to attach photos directly to this page and submit.

CONTENTS: Left CHECKLIST to be used by applicant;**Right column by international rep****STUDENT APPLICANT:** _____ **COUNTRY** _____ **REP** _____

TERM APPLIED () FS: Au-Jan; () AY: Au-Jun; () WQ: Ja-Mar; () SS: Ja-Jun; () CY: Ja-Nov; () SS+: Dec-Jul; () SQ: Jun-Au

LOCAL FEE PAID \$US _____ PROGRAM FEE QUOTED \$ _____ incl. [] US & Intl airfare; [] US only; [] no airfare

RECIPROCITY: We can host a student: [] while our child is abroad; [] after our child returns; [] not able to consider no

1. Personal Section (every answer MUST BE IN ENGLISH, including height and weight conversion)

_____ Biographical Outline.....All dates, questions answered?.....Signed? _____

_____ Attitude/Expectations Questionnaire.....All questions answered?.....Signed? _____

_____ Activities & Interests of Student'..... All questions answered?.....Signed? _____

_____ Personal LetterAre all issues asked about addressed?.....Signed? _____

_____ photo copy of passport page 1 with self photo and date of expiration? _____

_____ # Photos: (6 ID card size requested).....Smiling? _____

_____ Photos: Casual & in color..... Includes family & home? _____

_____ DVD of student narrating in Englishhome, school, city, friends, family? _____

_____ Parental Letter of IntroductionSigned? _____

_____ Community References.....(MUST BE BY AN ADULT).....Signed? _____

_____ Rep Interview Report...(Completed only by International representative).....Signed? _____

2. Academic Section (every answer MUST BE IN ENGLISH including transcript conversion)

_____ Personal Character Evaluation.....Signed? _____

_____ English Evaluation by Teacher.....Signed? _____

_____ SLEP Test Complete & Graded (PASSING =67%).....Total Score/Percentile? _____

_____ H.S. Transcripts Attached (MINIMUM B- AVG.).....Signed? _____

_____ Courses Translated to English..... Grade Point Average? _____

3. Medical Section (every answer MUST BE IN ENGLISH. Do not use metric height and weight.

_____ Immunization Record (*MMR, Td, Hep B must be within 10 years*) Vaccinations Needed? _____

_____ Dental Chart.....Is student following an Orthodontic Plan? If yes, is it included? _____

_____ Clinical Exam.....Are there any Physical Limitations? _____

_____ Medical History.....Any Allergy requiring medication? _____

_____ Authorization to Treat a Minor..... All Signatures? _____

4. Miscellaneous (read all agreements and sign both sides)

_____ Student and Parental Agreements to Policies..... Both Signed? _____

_____ Payments, Cancellations, & Refunds Agreement..... Signed? _____

5. Academic Requests (every letter of special request MUST BE IN ENGLISH)

_____ H.S. Credits needed (*Letter of course requirements from home school principal must be attached*)

_____ Diploma desired (*Student will NOT have graduated from high school when s/he arrives in the USA*)

6. Finances (DO NOT GIVE MONEY WITHOUT GETTING A RECEIPT FROM REP)

_____ Payment Enclosed \$ _____ (must be U.S. Dollars) Check# _____ Issuer: _____

_____ Photo or carbon copy of all receipts issued [] Personal Check [] Traveler's Check [] Money Order



ProAmerican Educational And Cultural Exchange

40 WATER STREET * SUITE 700 * NEW PHILADELPHIA * PA 17959

Please use
black ink only!
Blue does not
photocopy!

STUDENT PROFILE

Application day mo year

Date: --->

NICKNAME (apodo)			LAST NAME(s)(apellido solamente su padre)			FIRST NAME (primer nombre)			Middle Name (segundo nombre)			
Sex	Age	Birth day - mo - yr	Street (calle):				Development (colonia):					
<div style="border: 2px solid black; padding: 10px; text-align: center;"> Attach 6 smiling photos for office master, host & school apps, area rep, ID card, + 1 extra. </div>			City(ciudad):				State (estado)		E-mail			
			Country of residence /pais de residencia				Postal Code		City, Country of Birth (ciudad, pais de nacimiento)			
			Telephone (include country & city code)				Church Preference (iglesia)				Church Engagement: [] Active [] Average [] Little interest	
			Height(ft.) Weight(lbs)		Height(cm) Weight(kgs)		Eye (ojos) color		Hair (pelos) color			
			LIST BROTHERS & SISTERS (hermanos)				Sex	Age	School: (esc)			
<u>CHECK PROGRAM REQUESTED</u> ___ Academic Year (Aug-Jun) 20___ ___ Partial Year (Dec-Jul) 20___ ___ Partial Semester (Aug-Nov) 20___ ___ Fall Semester (Aug-Jan) 20___ ___ Spring Semester (Jan-Jun) 20___ ___ Calendar Year (Jan-Dec) 20___ ___ Winter Quarter (Jan-Mar) 20___ ___ Summer Quarter (Jun-Aug) 20___								Grade (grado) Now (7-12):		Point Average:		
								Years of Foreign Language in School: _____				
								Years of Foreign Language Private Lessons: _____				
								Foreign Language Studied: _____				
								Do you smoke or chew tobacco? Yes No				
					IF DIVORCED, CIRCLE THE PARENT YOU LIVE WITH							
					Do you drink alcoholic beverages? Yes No							
FATHER Living Deceased Married Divorced Guardian						MOTHER Living Deceased Married Divorced Guardian						
Name (nombre de padre)					Age	Name (nombre de padre)					Age	
Cell phone (telefono celular)			Email			Cell phone (telefono celular)			Email			
Employer (compañia)			Country of Birth			Employer (compañia)			Country of Birth			
Occupation (ocupación)			Self-employed? Y / N Sp/Eng Bilingual? Y / N			Occupation (ocupación)			Self-employed? Y / N Sp/Eng Bilingual? Y / N			
Work phone (telefono del trabajo)			Fax Telephone			Work phone (telefono del trabajo)			Fax Telephone			
List name(s), address, telephone, and email of <u>all</u> relatives living in the USA (or destination country, if not U.S.) and their relationship to you.						Emergency contact if parent unavailable (Contacto en emergencia si padre no desponible)						
Name _____ Relation _____						Name _____ Relation _____						
Addr _____						Tel _____ Email _____						
City _____ State _____ PC _____						Pets you own:			Places you have visited outside your country:			
Tel _____ Email _____												
Name _____ Relation _____												
Addr _____												
City _____ State _____ PC _____												
Tel _____ Email _____						Organizations you belong to:			Things your family does together:			
Name _____ Relation _____												
Addr _____												
City _____ State _____ PC _____												
Tel _____ Email _____												
Signature of Student and Parent (Firme de el estudiante y de los padres)												
Student _____ Parent _____ Date _____												



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Please use
black ink only!
Blue does not
photocopy!

STUDENT PROFILE

Application day mo year

Date: --->

NICKNAME (apodo)			LAST NAME(s)(apellido solamente su padre)			FIRST NAME (primer nombre)			Middle Name (segundo nombre)		
Sex	Age	Birth day - mo - yr	Street (calle):				Development (colonia):				
<div style="border: 2px solid black; padding: 5px; text-align: center;"> Attach 6 smiling photos for office master, host & school apps, area rep, ID card, + 1 extra. </div>			City(ciudad):				State (estado)		E-mail		
			Country of residence /pais de residencia				Postal Code		City, Country of Birth (ciudad, pais de nacimiento)		
			Telephone (include country & city code)				Church Preference (iglesia)			Church Engagement: [] Active [] Average [] Little interest	
			Height(ft.) Weight(lbs)		Height(cm) Weight(kgs)		Eye (ojos) color		Hair (pelos) color		
			LIST BROTHERS & SISTERS (hermanos)				Sex	Age	School: (esc)		
<u>CHECK PROGRAM REQUESTED</u> ___ Academic Year (Aug-Jun) 20___ ___ Partial Year (Dec-Jul) 20___ ___ Partial Semester (Aug-Nov) 20___ ___ Fall Semester (Aug-Jan) 20___ ___ Spring Semester (Jan-Jun) 20___ ___ Calendar Year (Jan-Dec) 20___ ___ Winter Quarter (Jan-Mar) 20___ ___ Summer Quarter (Jun-Aug) 20___						Grade (grado) Now (7-12):		Point Average:			
				Years of Foreign Language in School: _____		Years of Foreign Language Private Lessons: _____		Foreign Language Studied: _____			
				Do you smoke or chew tobacco? Yes No		Do you drink alcoholic beverages? Yes No					
			IF DIVORCED, CIRCLE THE PARENT YOU LIVE WITH								
FATHER Living Deceased Married Divorced Guardian			MOTHER Living Deceased Married Divorced Guardian								
Name (nombre de padre)				Age		Name (nombre de padre)				Age	
Cell phone (telefono celular)			Email			Cell phone (telefono celular)			Email		
Employer (compañia)			Country of Birth			Employer (compañia)			Country of Birth		
Occupation (ocupación)			Self-employed? Y / N Sp/Eng Bilingual? Y / N			Occupation (ocupación)			Self-employed? Y / N Sp/Eng Bilingual? Y / N		
Work phone (telefono del trabajo)			Fax Telephone			Work phone (telefono del trabajo)			Fax Telephone		
List name(s), address, telephone, and email of <u>all</u> relatives living in the USA (or destination country, if not U.S.) and their relationship to you.						Emergency contact if parent unavailable (Contacto en emergencia si padre no desponible)					
Name _____ Relation _____						Name _____ Relation _____					
Addr _____						Tel _____ Email _____					
City _____ State _____ PC _____						Pets you own:			Places you have visited outside your country:		
Tel _____ Email _____											
Name _____ Relation _____											
Addr _____											
City _____ State _____ PC _____											
Tel _____ Email _____						Organizations you belong to:			Things your family does together:		
Name _____ Relation _____											
Addr _____											
City _____ State _____ PC _____											
Tel _____ Email _____											
Signature of Student and Parent (Firme de el estudiante y de los padres)											
Student _____ Parent _____ Date _____											

PERSONAL ATTITUDES of Name: _____

The purpose of this survey is to allow us to better know the desires of our participants. If we know what you hope to get from you with a family more able to help you achieve some of your priorities. So, tell us what is most and least important to you. But keep in mind that this is a tool to help the family choose a student, not a guarantee.

El propósito de este cuestionario es dar al programa un mejor punto de vista de tus perspectivas. Así sabremos que es lo que esperas o piensas ganar de esta experiencia y también entender tu temperamento y filosofía. Nosotros quizá podamos adaptarte a una familia compatible que te pueda ayudar a lograr tus actividades de interés. Explicanos lo más y menos importante para tí, contestando las 1as. catorce preguntas encerrando en un círculo el # mas cercano a tus expectativas.

EXPECTATIONS, DREAMS, GOALS, NEEDS, AND DESIRES

(EXPECTATIVAS, SUEÑOS, DESEOS, NECESIDADES, Y ANHELOS)

Circle best numbered answer; "X" blank lines # 7 & 10 Fill in parentheses () # 12, 13 Circle las preguntas. mejor; "X" en líneas # 7 & 14; vacías, () # 12, 13

5 = absolute YES,
(absolutamente SI)

4 = much,
(bastante)

3 = maybe / somewhat,
(quizas/algunas)

2 = little,
(poco)

1 = absolute NO
(absolutamente NO)

- | | | |
|--|-----------|--|
| 1. To travel and see cultural & historical areas | 5 4 3 2 1 | Viajar y aprender la cultura Americana y visitar áreas históricas |
| 2. To do a lot of shopping and eat out frequently | 5 4 3 2 1 | Hacer bastantes compras o comes en restaurantes con frecuencia |
| 3. To go out to parties and dances at night with friends | 5 4 3 2 1 | Salir a fiestas o ir a bailar en la noche con amigos..... |
| 4. To talk & play games at home with family & relatives | 5 4 3 2 1 | Charlar y jugar en casa con familiares o parientes..... |
| 5. To attend church regularly | 5 4 3 2 1 | Ir al inglesia regularmente |
| 6. To attend professional concerts, plays, & art exhibits | 5 4 3 2 1 | Ir a conciertos musicales, juegos, exhibiciones de arte..... |
| 7. To have pets: ____ dogs ____ cats other:_____ | 5 4 3 2 1 | Tener ____perros ____ gatos otro () |
| 8. To live in a very large family | 5 4 3 2 1 | Vivir con una familia grande |
| 9. To be an only child | 5 4 3 2 1 | Ser hijo único |
| 10. To have ____brother my age, ____sister my age be my best friend. | 5 4 3 2 1 | ____ un hermano____ o una hermana de mi edad, y ser los amigos |
| 11. To teach my host family and others about my country & language | 5 4 3 2 1 | Enseñar a mi familia anfitriona y mi escuela de mi país y idioma |
| 12. To study a new subject(s):(_____) | 5 4 3 2 1 | Aprender un nuevo o (Menciona cual sería... _____) |
| 13. To learn a new sport or skill: (_____) | 5 4 3 2 1 | Aprender un deporte nuevo o habilidad (Menciona cual sería... |

BELIEFS, HABITS & MANNERISMS Number best answers 5=Yes!, 4=much, 3=OK, 2=low, 1=No!

FILOSOFIA, BENEFICIOS, HABITOS PERSONALES Y COSTUMBRES Checa (x) or numero la mejor resp.

- Are you: ____ Protestant; ____ Catholic; ____ Jew; ____ Muslim; ____ Other (); ____ Agnostic (unsure); ____ Atheist
Eres: (Cristiano) (Catolico) (Judío) (Muslim) Otro (Agnóstico) (Atea)
- Do you attend church: ____ Weekly; ____ Monthly; ____ Only Holy Days, weddings, or funerals; ____ never
Vas la iglesia mas o menos: (semanalmente) (mensualmente) (solamente en días festivos) (nunca)
- Do you talk with God: ____ Hourly; ____ Daily; ____ Weekly; ____ Occasionally; ____ rarely; ____ never
Platicas con Dios: (c/hora) (diariamente) (semanalmente) (de vez en cuando) (rara vez) (nunca)
- Do you prefer to talk about: ____ people & feelings; -or- ____ ideas & events?
Prefieres hablar acerca: (de personas y sentimientos) -ó- (ideas y eventos)
- Are you: ____ mostly an optimist; -or- are you ____ mostly a pessimist?
Eres: (mas optimista) -ó- eres (mas pesimista)
- Do you: ____ express yourself easily [extroverted]; -or- do you ____ keep feelings inside? [introverted]
Te: (expresas facilmente de ti) [extrovertida] -ó- te (guardas tus propios sentimientos) [introvertida]
- Are you usually: ____ a serious person; -or- are you ____ a carefree person?
Usualmente eres: (una persona seria y responsable) -ó- eres (una personaleres despreocupado)
- Do you look for: ____ a challenge; -or- do you look for ____ the path of least resistance?
Prefieres un (desafío) -ó- prefieres (el sendero de menos resistencia)
- Are you usually: ____ organized, punctual, and deliberate -or- ____ disorganized, late, and impulsive?
Usualmente eres: (organizado, puntual, y deliberado) -ó- (desorganizado, tarde, y impulsivo)
- Are you: ____ a morning person; -or- are you ____ a night person?
Eres: (persona madrugadora); -ó- eres (una persona nocturna)
- Do you prefer to: ____ lead; ____ follow; -or- ____ observe?
Prefieres: (tomar la delantera) (seguir) -ó- (observar)
- Do you prefer: ____ mental exercise; ____ physical exercise; -or- ____ both, equally?
Prefieres hacer: (ejercicios mentales) (ejercicios físicos) -ó- (los dos, iguales)
- Are you intolerant of or allergic to: ____ cigarette smoke; ____ animal hair; ____ dust/dirt? ____ Is it Controlled with medicine?
Me intolerante o alérgica a: (el olor al cigarro) (pelo de animales) (polvo y la suciedad) controlado con medicamentos
- Are you phobic or bothered by: ____ disorder or sloppiness; ____ sickly or handicapped people; ____ little kids?
Me fóbica o molesta demaciado fóbica: (desorden o descuido) (personas discapacitadas o enfermas) (niños)
- Do you enjoy the company of: ____ elderly adults; ____ very young children?
Disfrutas la compañía de: (ancianos) (niños pequeños)
- Are most of your friends: ____ older than you; ____ the same age; ____ younger?
La mayoría de tus amigos son: (mayores que tu) (de la misma edad) (menores)

ACTIVITIES & INTERESTS of STUDENT: _____

(X) in the “NOW” box, ☐ all activities you are currently participating in. Fill in the NOW box **black** ☐ , instead of X, your 6 favorites.
(X) the “ES” box ☐ activities you want to try as an exchange student. Fill in the ES box **black** ☐ the 6 activities you want to do most.
In the Competitive Sport category, on the line after the sport checked, if you played on a school team print “*schl*”, if you played on a community league team print “*club*”, or if you play that sport just for fun (not on a team) print “*fun*”.

If you played a sport on a school team that competed against other schools, you must bring a letter from your school director certifying which sport(s) you played and which years from grades 9-12 to determine your eligibility as an exchange student. If you received recognition, note with a * ☐ aside the box. Add comments in the 3 Awards boxes or attach certificates.

Señala con una (X) en el casillero “NOW”, todas las actividades en las que estás participando actualmente o has participado recientemente. Llena el casillero “NOW” en vez de poner una X en tus 6 actividades favoritas. Señala con una (X) en el casillero “ES” en todas aquellas actividades que te gustaría intentar realizar durante tu intercambio cultural (mínimo 1 por columna). Llena el casillero “ES” en vez de poner una X en tus 6 actividades favoritas. En la categoría de deportes competitivos, en la línea luego de señalar el deporte, escribe “*schl*” si tú lo practicas dentro del equipo de tu escuela, escribe “*club*” si tú juegas dentro de la liga deportiva de tu ciudad, o escribe “*diversión*” si tu juegas solo por diversión (no en un equipo).

Si tú practicas un deporte en el equipo de tu escuela y has competido con otras escuelas, deberás traer una carta del director de tu escuela certificando tu participación en ese deporte y en que años entre el 9 y 12 para determinar tu aceptación como estudiante de intercambio. Si has recibido reconocimientos, pon un asterisco * al lado del casillero. Incluye comentarios en los casilleros de premios o adjunta certificados.

Academic Societies & Clubs

NOW ES

- ☐ ☐ History or Political Club
- ☐ ☐ Mathematics Club
- ☐ ☐ Business/ Economics Club
- ☐ ☐ Foreign Language Club
- ☐ ☐ Science Club or Project
- ☐ ☐ Astronomy Club
- ☐ ☐ Chess Club
- ☐ ☐ Computer Club
- ☐ ☐ School Newspaper
- ☐ ☐ Yearbook Staff
- ☐ ☐ Debating Society
- ☐ ☐ Jr. Council on World Affairs
- ☐ ☐ Student Government
- ☐ ☐ Other _____

Competitive Sports

NOW ES (note if *schl* team, area club, or fun)

- ☐ ☐ Baseball/Softball _____
- ☐ ☐ American Football _____
- ☐ ☐ Basketball _____
- ☐ ☐ Track & Field Athletics _____
- ☐ ☐ Soccer (Futbol) _____
- ☐ ☐ Field or Ice Hockey _____
- ☐ ☐ Volleyball _____
- ☐ ☐ Swimming /Diving _____
- ☐ ☐ Tennis _____
- ☐ ☐ Bowling _____
- ☐ ☐ Golf _____
- ☐ ☐ Gymnastics _____
- ☐ ☐ Snow Skiing _____
- ☐ ☐ Other _____

Performing & Other Creative Arts

NOW ES NOW ES

- ☐ ☐ Marching Band ☐ ☐ Rock Band
- ☐ ☐ Orchestra ☐ ☐ Ensemble
- Your Instruments: _____
- ☐ ☐ Acoustic Guitar ☐ ☐ Piano
- ☐ ☐ School Chorus or Church Choir
- ☐ ☐ Drama Club: _____
- ☐ ☐ Stage Dance: specialty _____
- ☐ ☐ Variety/Talent Show: _____
- ☐ ☐ Modeling
- ☐ ☐ Cheerleading ☐ ☐ baton or flags
- ☐ ☐ Drawing, Painting
- ☐ ☐ Ceramics, Sculpture, Crafts
- ☐ ☐ Photography ☐ ☐ Cameraman
- ☐ ☐ Other _____

FAVORITE SCHOOL SUBJECTS:	FAVORITE FOODS:	FAVORITE PETS
ACADEMIC AWARDS	ATHLETIC AWARDS	OTHER AWARDS

Special Interest Activities or Clubs

NOW ES

- ☐ ☐ Hunting ☐ ☐ Fishing
- ☐ ☐ Target Shooting (Gun or Bow?)
- ☐ ☐ Cooking
- ☐ ☐ Auto Mechanics
- ☐ ☐ Woodworking / Carpentry
- ☐ ☐ Electronics
- ☐ ☐ Equestrian (Horseback riding)
- ☐ ☐ Junior ROTC (military)
- ☐ ☐ 4-H Club (farming, ranching)
- ☐ ☐ YMCA/YWCA
- ☐ ☐ Weightlifting & Nautilus
- ☐ ☐ Aerobic Dance/Exercise
- ☐ ☐ Team __Med.Asst __Equip.Mgr
- ☐ ☐ Other _____

Church & Community Service Orgs

NOW ES

- ☐ ☐ Church Affiliation _____
- ☐ ☐ Bible Study Club
- ☐ ☐ Church Youth Group
- ☐ ☐ Church Choir
- ☐ ☐ Homeless Shelter Volunteer
- ☐ ☐ Ecology Conservation Group
- ☐ ☐ Hospital, Nursing Home volunteer
- ☐ ☐ Animal Shelter Volunteer
- ☐ ☐ Boy Scouts or Girl Scouts
- ☐ ☐ Key Club (Community Service)
- ☐ ☐ Emergency Medical or Fire Asst.
- ☐ ☐ Tutoring ____HS ____ Children
- ☐ ☐ Nursery or Pre-School Volunteer
- ☐ ☐ Other _____

Personal Non-organized Activity

NOW ES

- ☐ ☐ Roller Skating ☐ ☐ Ice Skating
- ☐ ☐ Bicycling
- ☐ ☐ Hiking, Walking, Jogging
- ☐ ☐ Camping
- ☐ ☐ Extreme Water sports
- ☐ ☐ Casual Water sports
- ☐ ☐ Motorcycle, ATV, etc.
- ☐ ☐ Racquetball & Handball
- ☐ ☐ Collecting (stamps, coins, etc.)
- ☐ ☐ Video & Computer Games
- ☐ ☐ Museums, Natl. Parks, Exhibits
- ☐ ☐ Reading ☐ ☐ Writing
- ☐ ☐ Gardening ☐ ☐ Babysitting
- ☐ ☐ Other _____

This information will be used by host families to determine if you fit their lifestyle and available activities in their school and community. Therefore, it is important to accurately describing what you do and what you think you want to try when you get here -- or you will disappoint both yourself and your hosts after you arrive. After you arrive, we want you to write monthly and tell us what you are doing here, so that we can recognize you in our newsletter. In March we will mail you a form similar to this to see what you have done as an exchange student, because on our Spring Trip Awards Banquet, trophies & medals are given to top students in academics, athletics, arts, public speaking, & Christian service. Ribbons are given to all for their participation in those categories. So, if you want recognition you must tell us.

Esta información será utilizada por las familias anfitrionas para determinar si tú encajas dentro de su estilo de vida y la disponibilidad de esas actividades en su escuela y comunidad. Sin embargo, es importante describir cuidadosamente lo que haces y te gustaría hacer o te sentirás decepcionado y decepcionarás a tu familia luego de tu llegada. Cuando arribes, queremos que nos escribas y nos digas lo que estás haciendo para que podamos reconocerte a través de nuestro periódico. En el mes de Marzo te enviaremos un formulario similar a éste para saber lo que has hecho como estudiante de intercambio, porque en el Banquete en el Viaje Cultural, trofeos y medallas serán entregados a los mejores estudiantes académicos, deportivos, artísticos, presentaciones públicas y servicio cristiano. Cintas son entregadas a todos por su participación en esas categorías. Así es que si quieres reconocimiento debes decírnoslo.

SIGNATURE

COUNTRY

DATE

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STUDENT ESSAY of _____

Typing or print in black ink in your language, a brief description of your family & relationship, weekly routine, hobbies, yourself, goals, mission and why you would be a good ambassador of your country. Translate to English.

Signature

Miscellaneous Preferences: Public vs Private School, Host Fees, Geography, etc.

Please read carefully. All questions below must be answered.

All U.S. exchange programs are regulated by the federal government and have a quota of J-1 visas we may issue each year. By the time you apply, our allocation may be used up. In this case if you don't want to wait for the next school term, a private school may have to sponsor you with an F-1 Student Visa. Even if we have J visas, public schools have different quotas, deadlines, maximum or minimum ages, deny students who graduated in their country, may favor one organization, or may be overcrowded, in a building renovation, unsafe or unwelcoming; or your academic or English level is not high enough. *In such cases we may still have to search for a private school, which will mean an additional cost to you.*

While the majority of students attend public (tuition-free) schools, some host family's teenagers attend private school and want an exchange student living in their home to attend the same one.

While some require students to be practicing Christians or Catholic to be admitted, the main pre-requisite is that students be at least average or above academically, be of good moral character and behavior, be able to read, write, and speak English at least at an intermediate level, and have parents willing to pay tuition.

This makes it easier and faster for us to place you.

Private School Tuition averages \$2,000-4,000/semester. (\$4000-8000/year) in addition to Program Fees. If you want your child to be considered for these schools, please indicate this below and the maximum tuition you are able to pay. Before placement is confirmed, we will contact you with tuition & fees asked by school, at which time you may accept or reject the school or making a counter offer. *Sometimes* we can negotiate a lower rate.

____ Do not consider my child's application for a Private School Program. We cannot afford anything.

____ Do consider my child for school tuition/ semester (**1/2 year**) of: (check one) _____ \$1000 - \$1,500
_____ \$2,000 - \$3,500
_____ \$4,000 or more

\$ _____ Maximum School Tuition Fee we are willing to pay **per semester** (in U.S. dollars).

Other Expense: Students are advised to have at least \$100/month for routine person expenses like toiletries, clothes, entertainment & food with friends, including gas + \$1,200/year more for larger but less frequent expenses like holiday presents, uninsured medical & dental costs, winter and spring trips, a cell phone, etc.

Public & private schools may charge additional fees for books, supplies, uniforms, sports physicals, equipment use, yearbooks, prom, flowers, tuxedo rentals, class rings, pictures, trips, school jacket & graduation fees.

Public & private schools have cafeterias where students can buy lunch at \$2.00-\$5.00/day. Some families are not willing to host unless a student buys his own school lunch or packs it from home; (both J or F students)

Host Fees: If paying to send their own child to private school, some families will not host unless they are compensated for all meals and even extra gas spent taking a student places or picking up from sports practice. \$200-500/month is the common range of hosting fees when asked. The F-1 Student Visa allows for host fees; but the J-1 Cultural Exchange Visa prohibits U.S. exchange programs from paying hosts a monthly fee.

\$ _____ If F-visa, maximum Hosting Expense Fee we are willing to pay **per month** (in U.S. dollars).

Geographic Placement is optional; but 'in or near Pennsylvania' vs. 'Nationwide' affects the trip.

____ Place my child only in or near Pennsylvania at the standard fee, with the spring trip included, if earned.

If my fee is discounted, I withdraw or am disqualified for the trip I understand I won't qualify for a refund of any program fee.

Or ____ nationwide for best chance of on-time placement. The field trip is secondary to me. If placed far from Pennsylvania I *will[] will not[] pay extra for airfare to attend the trip. (If I qualify based on payments and conduct and then withdraw or am disqualified for the trip *after my air ticket is purchased* I will pay the airline cancellation penalty).

Preferences in # order: [] northeast [] southeast [] no-central [] so-central [] n-west [] s-west [] California [] Hawaii

*Add Trip to program @: [] \$400 [] \$500 [] \$500 [] \$500 [] \$700 [] \$700 [] \$700 [] \$1000

Above trip fees include overnight before and after trip. If placement fee charged excluded trip add extra \$400 to above trip fees to attend.

Placing two exchange students who speak different languages in the same home is popular with parents with no children at home and increases the chance of placement. We are in agreement for this option: yes[] no[]

Parent's Signatures

Student's Name (print clearly)

Date

ProAmerican Educational And Cultural Exchange

WORLD HEADQUARTERS * 40 WATER STREET, SUITE 700 * NEW PHILADELPHIA, PENNSYLVANIA * 17959*USA



Academic Reference of: _____

SCHOOL _____

SCHOOL OFFICIAL _____ TITLE _____

CITY, STATE, ZIP: _____

TEL: _____ E-MAIL: _____

Has applied to be a foreign exchange student. Comparing this student to others you have known, please answer the questions listed below. Please complete this form and email it to paz@peace-inc.org with the students name as the subject line.

A = ABOVE AVERAGE; (superior) B = AVERAGE; regular) C = BELOW AVERAGE; (menos) U = UNKNOWN (no se sabe)		A	B	C	U
Intellectual Capacity	(Capacidad Ineleual).....				
Knowledge of current events	(Sabe algo del mundo atual).....				
Artistic / Creative talents	(Creatividad / talentos artisticos).....				
Sense of humor	(Sentido del humor).....				
Sense of adventure / Curiosity	(Sentido de aventura / curiosidad).....				
Maturity / Emotional stability	(Estabilidad emocional / madurez).....				
Independence / Self-reliance	(Independiente/Puede valerse por si mismo).				
Ability to express oneself	(Abilidad de expresarse de uno mismo).....				
Open-mindedness / Flexibility	Mente abierta / flexibilidad).....				
Effectiveness with peers	(Efectividad en mantener relaciones).....				
Effectiveness with adults	(Que tan bueno es con adultos).....				
Relationship with family	(Relaciones con su familia).....				
Assertiveness	(Modales).....				
Appreciativeness/Social graces	(Apreciación / Gracia social).....				
Honesty / Integrity	(Honestidad / Integridad).....				
Reliability / Responsibility	(Confiante / Responsable).....				
Concern for others / Charity	(Preocupación por otros / caridad).....				
Church / Community service	(Iglesia / Servicio a la comunidad).....				
Leadership ability	(Habilidad para ser guía).....				
Ability to accept failure	(Habilidad para aceptar sus fallos).....				
Realistic goals & expectations	(Metas y expectativas verdaderas).....				

Please add any comments as to why he/she would make a good or bad impression abroad. (ENGLISH ONLY, PLEASE)

 Name, Title, Signature of School Official Date _____

Reference by: [] Teacher [] Counselor [] Principal

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ACADEMIC HISTORY

STUDENT NAME: _____

Check the box above your grading scale from those listed below.

Use the lines below to discuss your academic progress and areas of improvement (optional).

Superior	98-100%	A+	20	10	5.0	_____
Outstanding	94-97%	A	19	9.5	4.7	_____
Excellent	90-93%	A-	18	9.0	4.3	_____
Very Good	88-89%	B+	17	8.8	4.0	_____
Good	84-87%	B	16	8.5	3.7	_____
Above Average	80-83%	B-	15	8.0	3.3	_____
Fair	78-79%	C+	14	7.8	3.0	_____
Average	74-77%	C	13	7.5	2.7	_____
Mediocre	70-73%	C-	12	7.0	2.3	_____
Below Average	68-69%	D+	11	6.8	2.0	_____
Substandard	64-67%	D	10	6.5	1.7	_____

Translate and list courses taken from 9th grade to present. Attach original copy of corresponding school transcript.

Year Courses	1st Semester	2nd Semester	Final Grade
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

Year Courses	1st Semester	2nd Semester	Final Grade
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

Year Courses	1st Semester	2nd Semester	Final Grade
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

Year Courses	1st Semester	2nd Semester	Final Grade
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

Signature of Translator

Title of Translator

Date

OFFICIAL SCHOOL STAMP

If submitting this form online, please send a scan of your original school transcript to paz@peace-inc.org.

~file/students/app/ES App Academic History.pub

In order for your host school to prepare the best curriculum for your needs and interests in advance of your arrival student should complete the below information

Miscellaneous Academic Preferences:

[] Since I will graduate, my academic need is American history, government, economics, & cultural enrichment. Other interests: _____

[] Since I am not graduated I will need from the following for progress when I return.

school subjects needed by my country ()

<u>9TH GRADE</u>	<u>10TH GRADE</u>	<u>11TH GRADE</u>

I am applying for a J-1 Cultural Exchange Visitor Visa. I understand that purpose of this visa is to learn how America works by living with a host family and attending high school full time to learn American history, systems, culture, master English, teach my history, language and culture, and participate in as many extracurricular activities as available to make new friends and learn new skills. I understand that this visa does not guarantee that I will get to take all subjects I personally need or desire, or participate in competitive sports, graduate, or win college scholarships.

I understand that I must return when one academic year is complete and reapply to continue private secondary education if not graduated or to advance to universities when I am graduated.

PRINT STUDENT NAME

SIGNATURE

DATE

FOREIGN LANGUAGE ABILITY

INTERVIEW MUST BE CONDUCTED BY STUDENT'S TEACHER IN THE FOREIGN LANGUAGE OF THE DESTINATION COUNTRY

(English if destination is USA, Spanish if Latin America, French if Quebec, German if Germany, Chinese if China, etc)

Applicant: Last Name: _____ First Name: _____

Destination Country: _____ Destination Country primary language _____

Applicant has studied # years as a foreign language: ___English, ___Spanish, ___French, ___German, ___Chinese

Other foreign language studied _____ years of study/method ___school, ___tutor, ___audio, ___video

Directions to interviewer: The purpose of this form is to determine a participant's ability in the language of the host county. To help us place students in high schools with appropriate instructional programs, it is important that you be accurate in your rating. Rating a student higher than actual ability could result in severe problems for the student, school, and family.

Reading: Given an article of at least five paragraphs from a newspaper or magazine in the language of the host country (pronunciation may be imperfect, as long as the student's understanding of the meaning is correct), the student is able to:

- | | |
|-----------|---|
| Excellent | Read it aloud with few errors and explain it's meaning clearly and completely (understands at least 9 out of 10 words). |
| Good | Read it aloud except for difficult terms or place names, and explain most of it's meaning (understands at least 7-8 out of 10 words). |
| Fair | Read most of the basic vocabulary and explain the basic idea of the article (understands at least 5-6 out of every words). |
| Poor | Read and understand only the simplest words (understands 1-4 of every 10 words), and can explain little or none, of the articles meaning. |

Writing: Ask to write a short essay stating an opinion about his or her school, town political views, sports interests, etc.

- | | |
|-----------|--|
| Excellent | Writes with near fluency using lengthy sentences, abstract terms, and strong vocabulary. Uses proper grammar rather than composing the grammar of the student's native language. |
| Good | Uses good vocabulary, sentences are lengthy and sensible, but grammar is sometimes irregular. |
| Fair | Can make only simple sentences using limited, or basic vocabulary. Grammar is extremely irregular, but understandable. |
| Poor | Doesn't make complete sentences or uses short basic ones, with limited vocabulary. It is difficult to understand what the student means at times. |

Foreign Language Teacher's Name Interviewers Signature Date _____

School where interview was held

- [] Current Year Foreign Language Teacher
[] Past Year Foreign Language Teacher
[] Current Year Private Tutor

**INTERVIEW MUST BE CONDUCTED BY STUDENT'S TEACHER
IN THE FOREIGN LANGUAGE OF THE DESTINATION COUNTRY**

**FOREIGN
LANGUAGE
ABILITY**

STUDENT NAME: _____

Speaking and Understanding Conversation: After engaging applicant in **at least** 15 minutes of **active** conversation in the target host country language, relating my views on current topics (being careful to use both abstract terms and idiomatic phrases), and requesting his or her views, I rate the student's ability to speak and understand conversation to be:

- | | | |
|-----------|----|--|
| Excellent | 10 | Absolute proficiency in target language. Student is able to both understand and converse, using sophisticated vocabulary and clear, correct sentence structure. Has no trouble with abstract subjects, or most idiom. Can think in target language of outbound student's destination (host country). |
| | 9 | Students possesses near fluency in target language. Sentence structures are nearly perfect. Can understand and respond and respond to difficult questions. Target language knowledge includes abstract terms. Will have no problem at all communicating when he/she arrives in the host country. |
| Good | 8 | Responses, although not perfect come naturally. In other words, student responds evidently in taret language. Has a good vocabulary and understands almost everything. Can respond intelligently; however, needs practice. |
| | 7 | Student can understand most conversation. Speaking ability is good, but needs practice. Can go beyond basic responses and can elaborate thoughts, but needs to think before responding. |
| | 6 | Student understands the basics of target language. Vocabulary includes most common terms. Thinks quickly; however, it is evident that he/she is translating. Gets lost when conversation involves abstract terms. Makes mistakes, but is understandable. Can carry on a basic conversation. |
| Fair | 4 | Student can understand much more the he/she can communicate; however, tries. Can respond sentence form even if grammar and structure are not perfect. Student is understandable. |
| | 5 | Student is evidently understanding basic sentences and is able to respond even if only in words or phrases. Grammar and sentence construction is poor, but understandable. (a few weeks of total immersion will improve his/her abilities rapidly.) |
| Poor | 3 | Student understands words, or phrases but not sentence thoughts. Speaking ability is limited to a few words and may even refuse to use target language initially. |
| | 2 | Student understands a few words and phrases, but has little or no ability to communicate beyond this. |
| | 1 | Student cannot understand any conversation and knows little or nothing of host country language. |

It is apparent that, regardless of the level of academic language proficiency in a foreign language, there will be periods of difficulty and frustration for any foreign exchange student trying to function in full-time immersion during a five or ten month stay abroad. In the space provided below, please share your insights into the applicant's language ability, aptitude, motivation, and study habits. These will be extremely helpful in predicting the applicant's academic success in the program.

Foreign Language Teacher's Name _____ Date _____
Interviewers Signature _____

School where interview was held _____

- [] Current Year Foreign Language Teacher
[] Past Year Foreign Language Teacher
[] Current Year Private Tutor

ProAmerican Educational And Cultural Exchange

WORLD HEADQUARTERS * 40 WATER STREET, SUITE 700 * NEW PHILADELPHIA, PENNSYLVANIA * 17959*USA



Personal Reference of:

RELATIONSHIP TO STUDENT: _____CHURCH _____NEIGHBOR OR FRIEND _____EMPLOYER

CITY, STATE, ZIP: _____

TEL: _____ E-MAIL: _____

_____(STUDENT'S NAME) Has applied to be a foreign exchange student. Comparing this student to others teenagers you have known, please answer the questions listed below. Return this form in a sealed envelope with your return address and marked **"Confidential to PEACE, Inc."**
A = ABOVE AVERAGE (superior); B = AVERAGE (regular); C = BELOW AVERAGE (inferior); U = UNKNOWN (no se)

		A	B	C	U
Intellectual Capacity	(Capacidad Ineleual).....				
Knowledge of current events	(Sabe algo del mundo atual).....				
Artistic / Creative talents	(Creatividad / talentos artisticos).....				
Sense of humor	(Sentido del humor).....				
Sense of adventure / Curiosity	(Sentido de aventura / curiosidad).....				
Maturity / Emotional stability	(Estabilidad emocional / madurez).....				
Independence / Self-reliance	(Independiente/Puede valerse por si mismo).				
Ability to express oneself	(Abilidad de expresarse de uno mismo).....				
Open-mindedness / Flexibility	Mente abierta / flexibilidad).....				
Effectiveness with peers	(Efectividad en mantener relaciones).....				
Effectiveness with adults	(Que tan bueno es con adultos).....				
Relationship with family	(Relaciones con su familia).....				
Assertiveness	(Modales).....				
Appreciativeness/Social graces	(Apreciación / Gracia social).....				
Honesty / Integrity	(Honestidad / Integridad).....				
Reliability / Responsibility	(Confiante / Responsable).....				
Concern for others / Charity	(Preocupación por otros / caridad).....				
Church / Community service	(Iglesia / Sercicio a la comunidad).....				
Leadership ability	(Habilidad para ser guía).....				
Ability to accept failure	(Habilidad para aceptar sus fallos).....				
Realistic goals & expectations	(Metas y expectativas verdaderas).....				

Please add any comments as to why he/she would make a good or bad impression abroad.(ENGLISH ONLY PLEASE)

NAME, TITLE & SIGNATURE OF PERSON EVALUATING OUR STUDENT

DATE

ProAmerican Educational And Cultural Exchange

WORLD HEADQUARTERS * 40 WATER STREET, SUITE 700 * NEW PHILADELPHIA, PENNSYLVANIA *17959*USA

Immunization Record (Archivo de Inmunización)



Student (Estudiante) _____ Birthdate (fecha de nacimiento) _____
 Address (dirección) _____ City (ciudad) _____
 State (Estado) _____ Country (país) _____ Telephone (telefono) _____

ATTN: DOCTOR: Pupils enrolled in grades k-12 are required by law to have on file at their school that they have been immunized against DTP (diphtheria, tetanus, & pertussis); poliomyelitis; MMR (measles, mumps, & rubella) and also be tested for Tuberculosis. Failure to do so will result in exclusion from school. If the dates of vaccinations are not current according to the RECOMMENDED IMMUNIZATIONS schedule below, please reimmunize the student at this time. Polio must show three dates; Td and MMR must show two dates—initial vaccine & another within the past 10 years. **Copies of untranslated documents will not be accepted. If you must update this information, use a new form.**

Es necesario que todo estudiante de preparatoria presente su historial de vacunas aplicadas durante todas su vida, ya que todas las escuelas verifican cuidadosamente la parte medica. Deberan de tener las inmunizaciones contra DTP (vacuna triple); poliometitis; varicela, sarampión y rubeola. Si no cumplen con este requisito no seran aceptados en la escuela. Por favor, si al estudiante le falta alguna vacuna, apliquela antes de que salga de su país nativo. Debes tener tres fechas para polio, Td y MMR deben tener dos fechas--vacuna inicial y otro dentro de 10 años. Copias de documentos en español no pueden ser aceptadas, Si ud. debe actualizar esta información nuevamente, use un nuevo formulario.

		Division of Communicable Disease Control and Surveillance P.O. Box 90 Harrisburg, PA 17108		ENTER DATE ONLY IF DISEASE WAS CONTRACTED (Señalar abajo fechas Solo si ha penido la infer-medad)		ENTER BELOW THE DATES OF ALL VACCINATIONS IN THE PAST (Señalar abajo fechas de aplicación de las vacunas en años pasados)		ENTER BELOW ONLY TODAY'S VACCINATION (Señalar abajo vacunas de hoy solamente)	
REQUIRED IMMUNIZATIONS (INMUNIZACIONES REQUERIDAS)									
AGE	DTP	POLIO	MMR	HIB	Td	Hep B	MCV	DTP	
2 months		X						TOPV	
4 months	X	X						HEP B	
6 months	X							Measles	
15 months	X							Mumps	
24 months	X		X					Rubella	
4 - 6 years		X		X				Varicella	
11-16 years							X	MCV4	
Every 10 years			X		X	X			

DTP = Diptheria, Tetanus, Pertussis; TOPV = Polio;
 Hep B = Hepatitis; Varicella = Chickenpox;
 Td = Tetanus and Diptheria (after age 6); MCV = Meningitis;
 MMR = Measles, Mumps, Rubella; HIB = Haemophilus Influenzae b

Tuberculosis TINE [] or PPD [] Date _____ Pos.[] or Neg.[] **TB Vaccine:** (opcional) No[] Yes[] Date _____
Chest X-ray: Date _____ Positive [] or Negative [](not necessary if Tine or PPD is negative/ no necesario, si negativo Tine o PPD)
 Type Name of Physician: _____ Signature: _____
 Address: _____ Tel: _____

We certify that we have reviewed the Health Questionnaire and information supplied by us, and that it is true and complete to the best of our knowledge. We authorize any of the doctors, hospitals, or clinics mentioned above to furnish a complete transcript of medical records for the purpose of processing this application.

Signature of Student: _____ Date: _____

Signature of Parents: _____ Date: _____



Clinical Examination by family physician

STUDENT _____

Please examine this student and also inquire as to whether he or she has been counseled for bulimia, anorexia, sexual abuse, other emotional problems or traumatic events in the past five years.

If yes, on the reverse side of this form explain conditions, causes, dates, treatments, current status, and present recommendations to your patient.

Additional remarks are to be found on the reverse of this form. Circle: YES NO

Signature of Examining Physician

Normal	Check Each Item	Abnormal	Normal	Check Each Item	Abnormal
_____	Head, face, neck, scalp	_____	_____	Obesity, Bulimia, or Anorexia	_____
_____	Nose	_____	_____	Anus And Rectum	_____
_____	Sinuses	_____	_____	Endocrine System	_____
_____	Mouth and Throat	_____	_____	G—U System	_____
_____	Ears—General	_____	_____	Upper Extremities	_____
_____	Drums (perforated)	_____	_____	Feet	_____
_____	Eyes	_____	_____	Lower Extremities	_____
_____	Ophthalmoscope	_____	_____	Spine, other Musculoskeletal	_____
_____	Pupils	_____	_____	Body, Marks, or Tattoos	_____
_____	Ocular Motility	_____	_____	Skin, Lymphatic	_____
_____	Lungs and Chest	_____	_____	Neurological	_____
_____	Heart Vascular System	_____	_____	Psychiatric	_____
_____	Abdomen And Viscera	_____	_____	Pelvic Exam (female only)	_____

Measurements and Other Findings

Height: _____ ft. _____ in. Weight: _____ pounds Color Hair: _____ Color Eyes: _____ Build: thin _____ medium _____ heavy _____

Blood Pressure

Sitting: _____ Recumbent: _____ Standing: _____

Pulse (arm at heart level)

Sitting: _____ After Exercise: _____ 2 Min. After: _____ Recumbent: _____ After Standing 3 Minutes: _____

Laboratory Findings

Urinalysis (A. Specific Gravity): Albumin _____ Sugar _____ Serology (Specify Test): _____ Blood Type & RH Factor: _____

I certify that I have inquired into the history of and examined the above named student according to the above instructions and report my findings here. I find him or her to be sufficiently fit to travel and engage in an active lifestyle far from home that may be physically and mentally challenging. I have reimmunized for school entrance according to the attached Required Immunizations chart.

Type Name of Physician: _____ Signature: _____

Address: _____ Date of Exam: _____

DENTAL RECORDS	ODONTOLOGY																<p>Please attach details of any ongoing orthodontic plan in order to assure continuation while in the States.</p> <p>Por Favor, incluído programa ortodóntico para continuación del estudiante en los Estados Unidos.</p>		
	Place appropriate symbols, showing in examples: (o) Restorable teeth; (*) Non-restorable; (-) Missing teeth; (+) Replaced by dentures; (@) fixed																		
	LEFT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		16	RIGHT
		32	31	30	29	28	27	26	25	24	23	22	21	20	19	18		17	
	Remarks and additional dental defects and diseases:																		

Name of Dentist

Signature of Dentist

Date

ProAmerican Educational And Cultural Exchange

WORLD HEADQUARTERS * 40 WATER STREET, SUITE 700 * NEW PHILADELPHIA, PENNSYLVANIA *17959*USA

Medical History



Student's Name: _____
Date of Birth: _____ COUNTRY _____
Parent's Names: _____
Address: _____
City & State: _____
Email: _____
Telephones: _____

Past Medical History:

Measles.....	No	Yes	Venereal Disease.....	No	Yes	Bulimia or Anorexia	No	Yes
Mumps.....	No	Yes	Concussion or Head Injuries.....	No	Yes	Autism / Asbergers	No	Yes
Chickenpox.....	No	Yes	Rheumatic Fever or Heart Disease.....	No	Yes	Strokes.....	No	Yes
Epilepsy.....	No	Yes	Have you had any other serious illness.	No	Yes	Tuberculosis.....	No	Yes
Diabetes.....	No	Yes	If yes, what and when? _____			Broken bones.....	No	Yes
						Cancer.....	No	Yes

Have you ever been hospitalized, had surgery, or been under extended medical care?.....No Yes If yes, for what reason? _____

Systemic Review:

Eyes-Ears-Nose-Throat:

Eye disease or injury.....	No	Yes
Do you wear glasses.....	No	Yes
Double vision.....	No	Yes
Headaches.....	No	Yes
Glaucoma.....	No	Yes
Nosebleeds.....	No	Yes
Chronic sinus trouble.....	No	Yes
Ear disease.....	No	Yes
Impaired hearing.....	No	Yes
Do you wear hearing aids.....	No	Yes
Dizziness.....	No	Yes
Episodes of unconsciousness....	No	Yes

Physical and mental stress increases when diet, water, bacteria, weather, environment and activities change. What is easily managed at home may not be abroad. Students need more rest and are more susceptible to new diseases. Withholding history about psychological or medical conditions that are later discovered may result in a student's immediate dismissal from the program.

Skin:

Skin disease, hives, eczema.....	No	Yes
Jaundice.....	No	Yes
Frequent infection or boils.....	No	Yes
Abnormal pigmentation.....	No	Yes

Neck:

Stiffness.....	No	Yes
Thyroid trouble.....	No	Yes
Enlarged glands.....	No	Yes

Respiratory:

Spitting up blood.....	No	Yes
Chronic or frequent cough.....	No	Yes

Have you been in good health most of your life?.....No Yes If not, please explain? _____

Are you allergic to any of the below?:

Penicillin or other antibiotics.....	No	Yes	plants, bees or other biters.....	No	Yes	Any other allergies?..	No	Yes
Morphine, Codeine, Demerol, other narcotics....	No	Yes	Novocain or other anesthetics.	No	Yes	If yes, please list?		
Aspirin, empirin or other pain remedies.....	No	Yes	Sulfa Drugs.....	No	Yes			
Tetanus antitoxin or other serums.....	No	Yes	Adhesive tape.....	No	Yes			
Any foods, such as egg, milk, chocolate, berries	No	Yes	Iodine or merthiolate.....	No	Yes			
			Any other drug or medication....	No	Yes			

Which allergies are the most problematic? _____

Do you take prescription medication? ____ If yes, what? _____ daily- weekly__ seasonally__ only as needed__

Are you allergic to or have you had past traumatic events with any animal causing excessive fear? _____

Neuro-Psychiatric:

Have you ever had psychiatric counseling or therapy?.....	No	Yes
Have you even been advised to see a psychologist?.....	No	Yes
Have you ever had fainting spells?.....	No	Yes
Have you ever had ____ADD? ____ADHD? Phobias?____ Fears?____	No	Yes
Have you ever had Dyslexia or similar disorders?	No	Yes
Have you ever been medicated for any of the above?	No	Yes

If yes to any disorders on this page explain when, how often, treatment, who treated you, where you were treated, if acute or chronic, if successful? Also, disclose any family history of disorders, diseases and ailments. Please attach explanation on a separate page.

Attach original records translated to English if within past 6 months

Sign below to certify accuracy of the above medical history.

Student _____ Date _____

Parent _____ Date _____



Authorization to Treat a Minor (Autorización de Trato a Menores)

HOST FAMILIES: KEEP A COPY IN YOUR CAR

(student's name)

I (we) the undersigned parent(s) or legal guardian(s) of _____
a minor dependant, do authorize and consent to any x-ray, EKG,
MRI, CAT or other examination, anesthetic, medical or surgical diagnosis rendered under the general or specific supervision of any
member of the medical staff and emergency room staff licensed under the provisions of the U.S. Medicine Practice Act (or it's foreign
counter part if for a USA student abroad) or a dentist licensed under the provisions of the U.S. Dental Practice Act (or it's foreign coun-
terpart if for a USA student abroad) and on the staff of any acute care facility or general hospital holding a current license to operate as
the same. I (we) understood this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required
but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may
be deemed advisable. I (we) understand that reasonable effort shall be made to contact the undersigned prior to rendering treatment to
the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. Furthermore, I (we) want to
assure that I (we) have read the PEACE group accident/medical insurance policy provisions and understand that there are deductibles,
co-payments, and non-covered items, and that I (we) will reimburse any expenditures not covered by the policy. I/We absolve members
of PEACE, the host family, school, or other person(s) who may take our child to any licensed medical provider, of any responsibilities
that said guardians may inadvertently assume by signing our child into the care of such provider(s). *I/we authorize release to any
PEACE representative or host parent all medical records pertaining to treatment of the above named student during his/her time as an
exchange student. A claim form signed by the student is needed to assign direct payment for medical care.*

*Yo (nosotros) el(los) abajo firmante(s) padre(s) o custodio(s) legal(es) de un menor dependiente, autorizo(autorizamos) y consiento(consentimos) que mi
(nuestro) representado sea examinado con rayos-X, EKG, MRI, CAT o cualquier otro examen, se le aplique anestesia o se le someta a diagnóstico
médico o quirúrgico, específico o general, bajo la supervisión de algún miembro del cuerpo médico y/o de la sala de emergencias, acreditado bajo el
Estatuto de la Práctica Médica de los EE.UU (o su contraparte en el extranjero, si el estudiante se encuentra fuera del país) o un dentista acreditado
bajo el Estatuto de la Práctica Dental de los EE.UU (o su contraparte en el extranjero, si el estudiante se encuentra fuera del país) y por el personal de
cualquier centro de cuidado intensivo u hospital general que posea licencia vigente para operar como tal. Yo (nosotros) entiendo (entendemos) que
esta autorización es otorgada con antelación a cualquier diagnóstico, tratamiento, o cuidado hospitalario que se requiera; pero esto se hace para otorgar
autoridad y poder de decisión a los médicos, al escoger el tratamiento que a su juicio estimen aconsejable. Yo (nosotros) entiendo(entendemos) que
un esfuerzo razonable deberá hacerse para localizar a el(los) abajo firmante(s) antes de aplicar el tratamiento al paciente; pero que ninguno de estos
tratamientos será detenido si los abajo firmantes no son localizados. Además, yo (nosotros) confirmo(confirmamos) que he (hemos) leído los estatutos
del seguro médico y de accidentes de PEACE y entiendo(entendemos) que existen deducibles, pagos adicionales, y renglones no cubiertos, y que yo
(nosotros) reembolsaremos cualquier gasto no cubierto por la póliza del seguro. Yo (Nosotros) libero (liberamos), a los miembros de P.E.A.C.E, la
familia anfitriona, el colegio u otra(s) persona(s) que debe(n) trasladar a mi/nuestro(a) hijo(a) a un proveedor acreditado de servicios médicos, de toda
responsabilidad que inadvertidamente puedan asumir al autorizar que mi/nuestro(a) hijo(a) quede bajo el cuidado de dicho proveedor.*

Physical restrictions (Enlista cualquier restricción): _____

Allergies to drugs or food (Alergias a drogas y comidas): _____

Medications taken regularly (Medicinas que tome regularmente): _____

Other special needs (otras necesidades especiales): _____

Date of last tetanus toxide booster (fecha de la ultima vacuna contra tetanos): _____

Family physician (doctor de familia): _____ Phone (telefono): _____

Address (direccion): _____ City (ciudad): _____

State (estado): _____ Country (nación): _____ Zip (postal) code: _____

Telephone where parents may be reached (business) _____ (home) _____

(teléfono de los padres) _____ negocio _____ casa _____

Signature of both parents or guardians: _____ Date: _____

(firma de ambos padres o tutor(es) _____ (fecha) _____

Family Address: _____

(direccion de familia)



Pro American Educational and Cultural Exchange

40 WATER ST, NEW PHILADELPHIA, PA 17959

CONSENT FOR RELEASE OF INFORMATION

I, _____, custodial parent(s) or guardians of
(Print Names of natural parents or legal Guardians)

_____, whose birth date is _____,
Print Student's Full Legal Name (MM/DD/YY)

of _____,
street address city state postal code country

grant my consent for the forenamed student candidate, regardless of age during program duration.

Parents home Phone Number Parent cell or work phone Parent email address

to release information of the here-named student's records to ProAmerican Educational And Cultural Exchange or it's designees, host families, law enforcement agencies, medical practitioners or schools. I understand these records will be used for approving educational plans, medical insurance or it's claims, necessary physical exams to qualify for extracurricular activity, travel, or to determine student approval, restriction or denial of activities, discipline, probation, or termination from hosts, schools, or this program.

Information released may include such educational, psychological, or medical records as requested by ProAmerican Educational And Cultural Exchange and indicated on the checklist below this paragraph. Please copy all original records as requested to the program address atop this form. Bracketed items below shall not be released to any other agency or person than P.E.A.C.E. Inc. without my permission.

[Academic and extracurricular programs reports & awards, deficiency & disciplinary reports, psychological individualized programs & evaluations, recommended assignment notices, remedial program notices, health, psychological & dental records, achievement recognition, scores of district, state or federal tests for school or it's extracurricular activities, program approved activity, or legal citations (enforced or not)]

Date Signatures of Natural Parents or Guardians of the Aforementioned Student

CONSENT TO BE RESTRICTED AS IF I WAS A MINOR WHILE IN THE PEACE PROGRAM

If I am now or should become of majority age (usually 18 or 21) at any time during the program I forfeit any rights legally gained in the change from a minor to being of majority age and agree to all above terms and limitations of the program, host, school or institutional memberships during my status in PEACE, Inc.

Print name of forenamed student Signature of forenamed student date signed



PEACE. STUDENT AGREEMENT of

If I am accepted as a participant in the P.E.A.C.E. Program, During my stay, I agree to obey the following rules and any other requirements as may be established and published by the program.

Since I will be residing in the home of another family not as a guest, but as a participating member, I agree to respect the parent(s) in that home as family (not a landlord), to follow their house rules, to participate in family customs, to keep my bedroom, bathroom, living & dining areas clean and neat, to respect the personal property of all family members, neighbors, & school classmates and to share in all family and school responsibilities & chores as are asked of me.

I will not use tobacco products, alcoholic beverages, or narcotic drugs; nor will I use foul or disrespectful language or engage in immorality, violent acts or other illegal activities. I have never been expelled from my school for any of the above. I do not have any eating disorders, dyslexia, autism, nor do I take medication or counseling for ADHD, depression, or neurological disorders. I authorize any government agency, medical facility, employer, school, or personal reference to release information held by them that would reflect on my qualification to be a student ambassador. I will honor God, my country, and my family in all that I do or say.

I will not drive any motorized vehicle requiring an operator's license; nor will I hitchhike or ride in any car with an intoxicated driver; nor will I ride with teenage drivers unless host approved; nor will I travel outside of my local community without a host approved, adult chaperone, nor will engage in any dangerous activity without the approval of my natural & host parents and without PEACE or other accidental injury insurance.

I will first report to my PEACE counselor, coordinator or director all problems that I have starting with while traveling to my hosts so that I don't trouble my parents with things they cannot see or control. I will not take problems into my school unless school related, nor outside of my host family - unless PEACE *neglects* me.

I will try my best to adjust to my host family and community, expecting many differences from what I am used to. I will not expect the program to move me, unless extensive counseling has failed to resolve serious problems with my host family.

As a good ambassador of my country I will try to learn and practice local customs and also teach my hosts (family, neighbors, schoolmates, church and community members, etc.) some of mine.

I understand that P.E.A.C.E. prohibits visits from any boy/girl friends or cousins, and that I may not travel home in mid-year for any reason except death (or pending) of an immediate family member.

I agree that contact with other exchange students is limited to monthly. Frequent phone calls, email, IM, Skype, social media, or visits are forbidden. Contact with parents should be limited to 2-3 a month. Cell phones are prohibited for personal use except security (safety) of myself or others. Texting is to give short notice or questions to reduce time or expense and is not for chatting during meals or cheating on tests.

I am aware that my hosts provide a bed & family meals, but I must pay all my own phone bills, clothing, & entertainment. I will not borrow or lend money with my host family or friends.

I agree to make my best academic effort at all times, even if I have graduated and don't need credit. If I receive bad grades my parents will be notified. I could be restricted and, if chronic, even be sent home early.

I understand that if a host family or school should ask me to leave due to my breaking family trust, violating school rules, academic failure, or disregarding program rules or local laws, I may be deprived of freedoms, activities, or field trips, required to perform community service, fined, and/or be dismissed from the program and sent home immediately at my own expense. The punishment will be at the PEACE director's discretion.

I agree to prepare for this experience by familiarizing myself with the political, economic, religious, and cultural structure of my country; by acquiring a basic conversational facility in the host country's language; by attending P.E.A.C.E. orientations.

In the spirit of a good ambassador I agree to help P.E.A.C.E. promote the mission of intercultural exchange by speaking to student and adult groups during my stay in my host country, as asked.

SIGNATURE OF STUDENT (firma de estudiante)

PRINT NAME

DATE (fecha)



PARENTAL AGREEMENT: **By parents of:**

Our son/daughter has our permission to apply for and take part in the Pro-American Educational And Cultural Exchange also known as the P.E.A.C.E. Student Ambassador Program.

We understand that this program is designed to increase understanding among countries of the world and it is not to be used solely for language training, high school graduation, attendance at a specific school, or attaining a college scholarship. If the host school requires tutoring, we will pay all costs.

We understand that PEACE by federal regulations may not provide compensation for host families to provide room and board or other benefits to our son/daughter. We hope to welcome the host family as guests in our home following the exchange, in order to preserve stronger friendship ties among us.

We understand that frequent contact with family and friends heightens homesickness and weakens adaptation and so agree to limit phone calls to our son/daughter to 1 or 2 a month. We also agree not to ask him/her to come home or to meet us away from the host family at any time during the school year; nor will we visit him/her without an invitation from the host family until the end of his/her participation in the program.

We understand that P.E.A.C.E. cannot guarantee that our child will be placed in a home with a teenager of a like age or any children at all, or even with two parents. A different family structure will be accepted as part of the cultural experience.

We understand that the host family's rules and routine may be different that those which our children are accustomed to, but will be accepted by us in good faith as appropriate. We will avoid interference and try to be supportive of the host parents.

We understand that since host schools usually waive tuition and admission requirements in the interest of international good will, academic credit and graduation cannot be guaranteed.

We understand that in case of serious infraction of P.E.A.C.E. rules or local laws, prolonged homesickness, poor adjustment, or severe mental problems, it may be necessary, at the sole discretion of P.E.A.C.E. officials, for our son/daughter to return early. We will assume all costs of such early return and will hold P.E.A.C.E. or it's representatives legally and financially harmless.

We agree for our son/daughter to have complete medical and dental examinations at our expense, as part of this application. We also agree to pay for any deductibles, co-payments, or incidental accident or medical expense incurred by our son/ daughter that is not covered by the program's insurance policy, plus all dental expenses and physical exams for team sports.

We understand that PEACE cannot guarantee how soon they will find a host family, regardless of how much time is allowed, since host families choose the student they want. We also agree that if we miss deadlines for other opportunities while waiting for a host family we do so at our own risk. If we decide to withdraw participation, we agree to hold PEACE and its agents harmless, and will ask for no more than a refund — *as per the terms of the PEACE Payments/Cancellations Policy.*

Parent Name

SIGNATURE OF PARENT GUARDIAN

DATE

Parent Name

SIGNATURE OF PARENT GUARDIAN

DATE



Letter Of Greetings from Parents of :



AIRLINE TICKETING, TRAVEL, and FINAL DEPARTURE PLAN

I UNDERSTAND THAT SCHOOLS MAY REFUSE TO ADMIT ANY CHILD AND SO I MAY BE DENIED TRAVEL RIGHTS TO THE U.S. UNTIL FULLY IMMUNIZED ACCORDING TO THE CHART IN THE STUDENT MEDICAL APPLICATION!

1. I understand that student tickets are electronic (there is no paper ticket to lose) but that travelers need to provide two forms of ID to board the aircraft, at least one of which contains a photo.

2. I understand that the flight itinerary is subject to printing errors and the airline's own schedule changes & cancellations. Therefore, I agree to call the airlines to confirm flight numbers, cities, times and dates before departure (both arriving in country and returning home).

3. I understand that programs purchase tickets at discounts subject to financial penalties for time or date changes and that this cost is a student's responsibility, except when to extend a school term.

4 If I need to return by a specific date and fail to notify my program before they purchase my tickets, I will pay the change penalty.

Return Date Requested: _____ Reason: _____

5. I understand that programs averages costs regionally when pricing air travel as part of a contract; so if parents prefer a departure or return airport or airline more convenient than the one selected by us that they are responsible for the difference in cost. Preferred airports are: 1 _____ 2 _____

6. I understand that airlines allow limited luggage checked in storage plus one carry-on bag; and that they charge penalties for each extra bag and for bags too heavy or too large. I will call the airline in advance for terms and to obtain an estimate of costs.

7. I understand that once an itinerary has begun (the arrival half is flown) airlines will *not* change a return departure city for any reason.

8. I understand that if parents wish to visit students & then travel home together on the same aircraft, expecting no extra cost to their child's ticket, that they need to make their flight itinerary the same as the one already purchased for their child. *Therefore, if parents wish to change their child's return departure city or airline, parents must buy a new one way ticket for their child, solely at their own expense.*

9. I understand that the date on a J-visa application (plus 30 extra days "grace" granted by Customs & Immigration Service for travel within the U.S.) is the latest that students may stay legally in the U.S. There is no paperwork to use the *grace* period; but If I go to another country *during the grace period* I won't be left back in the U.S.

10. I understand that a J-visa cannot be renewed or converted for any reason; that students must return to their country even if they have an I-20 for a F-1 visa to return here for college or a separate tourist visa.

11. I understand that If I wish to stay longer than the contracted term I must pay for all days of program service extended equal to the cost of service days in my original contract. (plus airline change fees)

12. I understand that the U.S. Government requires sponsors to know where students are at all times; therefore, students may not make or change arrival or return itineraries without the program's permission.

13. Programs do not approve any side trips to visit relatives or friends in the U.S (which may be taken ONLY while on my way home from the U.S.) and needs letters from *both* natural & host parents stating names, relationship, date, address, email, house & cell phones of persons to visit and a similar email from that person, also including a proof of legal residence. Visits are prohibited during the school year.

IMMUNIZATION & ACCIDENT-MEDICAL INSURANCE DISCLOSURE & AGREEMENT

Initial each paragraph

____ I understand that immunizations recommended by WHO and the American Pediatric Association are required for admission to all U.S. schools & are NOT COVERED BY STUDENT MEDICAL INSURANCE. I guarantee that during my child's medical exam all on the chart on the application form will be administered and dated by the examining doctor. I understand that this includes, but is not limited to, a repeat vaccination for MMR, Tetanus, etc. if my child was not re-immunized within the last ten years.

____ I understand that I must sign an *Authorization for Treatment of a Minor* on my child's insurance card (that will arrive with his travel papers), because American doctors and hospitals will not render necessary medical treatment without parental permission. My son/daughter understands to carry this card on his/her person at all times.

____ I understand that student accident-medical insurance does NOT cover all expenses, especially preexisting, and that I am responsible for all non-covered charges. I have read or have had a translator read to me all exclusions listed in the accident-medical insurance plan brochure, .

____ I understand that some hazardous activities may not be insured, and that I am responsible for 100% of medical expenses if my son/daughter is injured in non-insured activities. If my child participates in activities not insured by my program sponsor or school he/she will apply for special accident insurance offered through the host school.

____ I understand that sports physicals may cost from \$50 to \$150 and are not insurable, since they are not for diagnosis of injury or illness.

____ I understand that routine dental cleanings, filling of cavities, and adjustment of braces are not insured and may cost a *minimum* of \$100 per incident. I have been advised to have preventive dental care administered in my country before student departure and will do so.

____ I have been advised to provide my child, upon arrival, with \$300 emergency funds to set aside and use only to pay for sports physicals, insurance deductibles, or medical costs (such as prescription drugs) that must be paid first in cash and only later reimbursed by insurance.

____ I understand that doctor visits cost over \$60 + hospital emergency rooms at least \$300+ and that this level of initial expenses may be a deductible not covered by my insurance. I will read policy for details.

____ I understand that over-the-counter medicine or first aid for minor illness or injury is a readily available, inexpensive alternative to treatment by a doctor or hospital. Pharmacists give good advice - free.

____ I understand that a claim form (provided for reprinting on my program's website and insurance company's website) is needed to claim reimbursement or authorize direct payment for RX medical care.

____ I understand that U.S. HIPPA law requires written authorization by the patient (or parent, if a minor) for the insurance company or medical provider to release medical information. I/we so authorize release to our program's U.S. office or host parent all medical records pertaining to treatment of the below named student during his/her time as an exchange student.

____ I understand that the government requires all exchange students to be covered from arrival until departure by accident & sickness insurance as defined by them. I understand that if I extend my stay I **must** purchase additional coverage for any extended time in the USA.

Signature of student

Signature of Guardians

Date

EXCHANGE PROGRAM ACADEMIC AGREEMENT

I agree to make my best academic effort at all times, even if I have graduated and don't need credit. I will never brag that I am on vacation.

I also agree to try new extracurricular activities in order to broaden my experiences, to increase my exposure to the local student body for their benefit and to increase my prospects of making new friends who share a common interest with me.

I agree to prepare for this experience by familiarizing myself with the political, economic, religious, and cultural structure of my country. In the spirit of a good ambassador I also agree to help the program promote the mission of intercultural exchange by speaking to student and adult groups during my stay in my host country.

I understand that a J-1 visa is an official government program of cultural exchange, and as such is not to be used primarily for learning English.

I understand that individual schools vary in their expectations and even demands of English proficiency upon my arrival. Misrepresentation of my proficiency and/or failure to make sufficient progress may cause me to be refused admission or to be required to pay for ESL classes or private tutoring until a satisfactory level is reached.

I understand that if my initial home country evaluation does not show a basic level of listening and reading English comprehension, I will be required to take private lessons before departure, as a condition of my being accepted into the program, understanding that a lack of sufficient progress may result in a delay or even my denial to travel.

I understand that by government regulations exchange programs cannot guarantee any student eligibility to participate in interscholastic sports competition between rival schools because rules vary by state according to age, graduation status, years of school completed, previous activity in the desired sport, and school or program listing in various associations.

I understand that programs cannot guarantee that any student will be able to play their favorite sport because (1) schools vary greatly in size, and therefore, do not offer the same sports from one to another; (2) team sizes are restricted and may require tryouts to determine minimal skills.

I understand that programs cannot guarantee that any student will be able to attend their desired academic classes because (1) schools vary in size, and therefore, do not offer the same courses from one to another and (2) class sizes are restricted, so, some offered classes may be full.

I understand that exchange programs can't guarantee graduation diplomas to foreign exchange students who pass the otherwise requisites, because requirements vary by states and their various school districts. Schools are not required to give credit for work earned in another country, nor can they always rectify the differences in each curriculum.

I understand that if I need credits transferred to my home school I will attach to this application a written request in English, signed by my home school principal, indicating to the host school what classes I need for credit to graduate at home. Or, if I seek to graduate while abroad I will attach my last two years transcripts with an explanation of the depth of material covered in each, provided by my school, translated into English.

I understand that for exchange students already graduated in their own country, while a few schools may give honorary diplomas, certificates of attendance are most common, even if participation in the cap & gown graduation ceremony is allowed. If graduated, I will not seek another diploma.

I understand that public schools are not required to accept exchange students and that federal law prohibits bringing students without school acceptance, so my arrival could be delayed until acceptance is secured.

I understand that public schools may not be available and that private schools have no tax support and, therefore, may require full or at least partial tuition and/or fees for admission and that the program fees are not budgeted to include these costs. I can afford a maximum of []\$1500 []\$3000 []\$4500 []\$6000 []\$7500+

I understand that personal contact with other exchange students should be limited to incidental association via school activities, and that I will not talk in my native language in school except in a foreign language class.

I understand that while popular fashion is desired to fit in with students, this program forbids extreme styles. Males: no ponytails, long hair, beards, moustaches, earrings. Girls: may not wear provocative (too short or too tight) clothing. Neither may have tattoos or body piercings nor wear ghetto-culture clothing, nor cloths displaying immoral or vulgar sayings.

I promise not to gossip to school friends about problems within the host home. I will first speak to my program counselor and not initially involve schoolteachers or counselors unless it is a school related problem, or if I have not received adequate help and support from my program.

I understand that if a school reports me as being academically deficient or in violation of rules of conduct, I will be deprived of extracurricular activities or sports practices, and may even be suspended, as deemed by the school administration's discretion. I also understand that I may be subject to additional punishment by my host family and/or my exchange program sponsor.

I have never been expelled from any school for any reason of conduct. I understand that if a host school should expel me due to my violating laws, school rules of conduct, or academic failure, I will be dismissed from the program and sent home immediately at my own expense.

signature of student (estudiante)

signature of parent (padre)

date (fecha)

~FILES/STUDENTS/APP\ES App Agree Academic Agree.doc

Rev. 02/16

ACADEMIC AGREEMENT addendum to school student conduct & discipline policy: issue extracted from real school policies and pertaining specifically to conduct in school activities.

I. STUDENT RIGHTS AND RESPONSIBILITIES:

It shall be the right of each student:

- 1. to have a safe, healthy, orderly and courteous school environment;
- 2. to take part in all activities regardless of race, sex, religion, national origin, or disability;
- 3. to attend school and participate in school programs unless suspended for legal causes;
- 4. to have school rules available for review and explanation by school personnel;
- 5. to be suspended from instruction only after educational legal rights have been observed;
- 6. to be allowed to present your version of facts or circumstances before being disciplined;

It is the duty of all students when participating in or attending extracurricular events

- 1. to learn and abide by all district policies, rules and regulations pertaining to conduct;
- 2. to work to the best of his/her ability in all academic and extracurricular pursuits;
- 3. to behave as a representative of the district and hold oneself to the highest standards of conduct, demeanor, and sportsmanship, and accept responsibility for his/her actions;
- 4. to seek help in solving problems that might lead to disciplinary procedures;
- 5. to be in regular attendance at school and in class;
- 6. to contribute to an orderly environment, showing respect for other persons and property;
- 7. to dress in accordance with Board Policy Student Dress Code;
- 8. to make constructive contributions reporting circumstances of school-related issues fairly

DISCIPLINE CODE FOR STUDENTS

applies to behavior of students while on school grounds, in school buildings, or participating in or connected to school-related activity. A student may be subject to disciplinary action when behaving in a manner which is:

- 1. disorderly, that is fighting, harassing, assaulting or behaving violently, threatening another with bodily harm,
- c. intimidating students or school personnel,
- d. making unreasonable noise,
- e. using abusive language or gestures such as racial or ethnic slurs
- f. using electronics like radios, recorders, players, games, beepers, pagers, cell phones etc
- g. obstructing vehicular or pedestrian traffic,
- h. driving recklessly,
- i. creating a hazard or physically offensive condition by acts of no legitimate purpose like
- j. loitering or being present on or entering into any school property without authorization; or
- 2. insubordinate to direction of teachers, administrators or any school employees in charge of school buildings or activities
 - a. engages in tardiness, missing or leaving school or class without permission or excuse,
 - b. cheating on academic exams, sports or extracurricular activity,
 - c. violation of the Board of Education policy on Student Publications.

Student Conduct and Discipline

- 4. endangers safety, health, morals or welfare of themselves or others by
 - a. possession, use, or sale of alcohol, drugs or other controlled substances
 - b. possession, use, or sale of weapons, fireworks or any dangerous objects or contraband. Dangerous objects include, but are not limited to: guns, starter pistols, knives, razors, box cutters, clubs, metal knuckles, nunchakus, Kung Fu stars, explosives, and any instrument, or substance, which under circumstances in which it is used, or threatened to be used, is readily capable of causing death or other serious injury or resembles a dangerous object
 - c. possession or use of tobacco or tobacco products,
 - d. using profane, vulgar or abusive language,
 - e. possession, sale or use of obscene materials,
 - f. gambling,
 - g. hazing,
 - h. extortion,
 - i. theft,
 - j. engaging in lewd behavior,
 - k. willfully defacing or destroying school property or property of others on school premises
- 5. engages in disorderly conduct, disturbing public order on school property.

III. DISCIPLINARY MEASURES

Depending on the nature of the violation, it is the Board's desire that student discipline be progressive, i.e., a student's first violation should merit a lighter penalty than subsequent violations. It is also the Board's desire that staff take into account all other relevant factors in determining an appropriate penalty. The following penalties may be imposed either alone or in combination. Based upon the circumstances, it is at the discretion of school staff to determine the penalty warranted by a particular violation.

PERMISSIBLE PENALTIES FOR BAD STUDENT CONDUCT

The range of penalties for violations of student disciplinary code include the following:

- 1. oral and/or written warning or reprimand to the student alone
- 2. oral and/or written notification to the student's parents/guardians
- 3. detention and/or probation
- 4. suspension from transportation, athletics, social & extra-curricular activity or privileges
- 5. exclusion from a particular class
- 6. in-school suspension
- 7. involuntary transfer
- 8. restitution for property damage
- 9. Counseling and school or community.

SUSPENSIONS

- 1. A pupil may be suspended from school by the principal pursuant to Education Law for a period of not longer than five school days.
- 2. All suspensions and the reasons therefore shall be promptly reported to the Superintendent.
- 3. In every instance, a student who is accused shall be provided with an opportunity to explain his/her version of the situation.
- 4. The principal shall then determine whether a violation occurred, and if so, whether a suspension is warranted.
- 5. Such suspension must be immediately referred to the Superintendent to consider such further action as s/he shall deem appropriate.
- 6. Suspensions for more than five days shall be carried out in accordance with State Law.

signature of student

signature of parents(s)

date

P.E.A.C.E. PLACEMENT POLICY

PROGRAM: Placement Fee quoted \$ _____ **Check Term applied for:**
☐ Academic Year (AY)-9-10 mo; ☐ Calendar Year (CY)-11-12 mo; ☐ Fall Semester (FS)-5 mo, ☐ Spring Sem (SS)-5 mo, ☐ Partial Year (SS+2 mo.), ☐ Partial Semester (3-4 mo); ☐ U.S. Winter Quarter (WQ) 2-3 mo; ☐ U.S. Summer Terms (ST) 1-3 mo

STUDENT FUNDING %: ☐ Personal \$, ☐ Government, ☐ Private Scholarship.

TARGET TRAVEL DATES (TTD): (estimated goals, not guaranteed)
☐ Fall Semester or Academic Yr: Aug 15; ☐ Winter Term & Partial year: Dec 15
☐ Spring Semester or Calendar Year: Jan 15 ☐ U.S. Summer: July 1st

REGISTRATION DEADLINE: Only Timely Applicants (accepted & 50% paid six months prior to TTD above, + if nationwide search is agreed are guaranteed placed on time. Late applicants are not guaranteed placed on time, but may be granted extra days at the end, if permitted by host and/or school ; or may be deferred to next school term.

PROGRAM COSTS

1. APPLICATION FEE: (non-refundable) \$500 to home office for visa application. An additional FEE may be charged in local currency. due initially for the cost of advertising, testing, interviews, materials, etc. and a departure orientation.
2. PLACEMENT FEE: Upon passing language tests, interviews, completing a full application, receiving acceptance notice and signing final terms APPLICANT must pay 50% of the Placement Fee immediately to the PEACE home office and the remaining 50% upon notice of placement with a host family and school.
3. CANCELLATION FEE: \$100 is charged for refunding placement fees sent to PEACE prematurely before any application was reviewed, that is later rejected, OR if accepted applicant is later found to have low English when orally tested.
4. AIR TICKETS (must be round trip per federal regulations). ☐ included ☐ not in price above. Tks may not be purchased until all program fees are received by PEACE. *Fuel surcharges may be added if airlines raise prices after program price is set. *Airlines charge excess and overweight luggage fees when checking in. *Airlines charge +/- \$250 for each time or date change (except emergencies). *Airlines charge a new ticket difference in fare to change cities after purchase.
5. CHANGE FEES: To extend an ongoing program beyond the term they paid for applicant must pay \$10/day for continued insurance and program support or the difference in program fees + airline change fees, whichever is greater.
 *To change a visa from B-2 to J-1 or J-1 to F-1 will result in new U.S. Visa Fees.
 *To reapplying to be interviewed, if turned down for a visa, will cause a new fee.

PAYMENT TERMS AND DEADLINES

1. If you need to make Partial Payments, PEACE will not begin searching for a host family until the initial 50% of the Placement Fee is received in the U.S.
2. The balance due above 50% may be paid directly to the U.S. office or held in ESCROW by your local PEACE agent until you receive notice of placement; but 100% of all fees must be received in the home office no later than 30 days prior to the appropriate Program Target Travel Date (Aug.15, Dec 15 , Jan 15 or July 1), even if placement has not yet been made, in order to avoid further delay.
3. **PEACE will not release host family and school details, or air tickets until 100% of fees due and proof of all required immunizations, authorization for treatment of a minor, medical exam and history, academic records, and language test are received at U.S. Headquarters prior to desired travel date. If not paid promptly after placement your host family may be released to another student and your visa canceled with no refund.**

METHODS OF PAYMENT

1. CHECKS must be made payable to "PEACE, Inc." in U.S. DOLLARS. All checks *must* be magnetically encoded with an ABA routing number to enable our bank to collect funds from your bank. Checks returned for insufficient funds must be replaced with "bank certified funds" plus a \$50 penalty.
2. To WIRE money bank>bank to ProAmerican Educational And Cultural Exchange call 570-277-6621 or your local representative for account information. Identify full name of student being paid for or we won't know who to credit; fax a copy of the wire to 570-277-0607 or email paz@peace-inc.org to match our bank receipt.

Check all appropriate[] . Fill in all that you agree to before signing!

3. CREDIT CARDS: Applicant is responsible for credit card company's merchant fees of 3-5% when paying by credit card. PEACE accepts MC & VISA via PayPal.

RECEIPTS

A local representative must give a receipt for all check or cash payments. Never give payment to a local representative without obtaining a receipt. No receipt will come from the U.S. office until money is received there.

CANCELLATIONS

1. ALL APPLICATION & ORIENTATION FEES are non-refundable – whether the student passes or fails the initial interview, testing, and application review or is offered a visa application or not.
2. During contract time to search for host families all applicants who
 - a) CANCEL after written acceptance by PEACE, but *before TTD and before host* family placement forfeit a \$500 PENALTY to the PEACE headquarters whether a visa is obtained or not.
 - b) CANCEL after PEACE has emailed or faxed notice of securing a host family, but the school is still pending, will forfeit \$1500.
 - c) CANCEL after HF & school enrollment notice forfeit \$2500;
 - d) CANCEL due to student failure to qualify for a visa after host acceptance and school enrollment, will forfeit a \$1000 penalty. This penalty can be avoided if applicant successfully appeals and qualifies for a visa later, even if s/he has to wait for the next semester or school year. Applicant must learn visa qualifications and interview at the U.S. Consulate to determine visa eligibility status soon enough to avoid this predicament.

REFUNDS

1. No fee reimbursements will be made to students sent home for bad attitude or behavior, academic failure, violations of program rules or laws, lying, or falsifying information at any time during the program. Nor will fees be reimbursed for voluntary early return due to health, homesickness, dissatisfaction with host family, school, program rep, or personal reasons. Airline change penalties are always the student's responsibility. In any discrepancy, interpretations of program documents & rules are made exclusively by the PEACE directors.
2. **Timely Applicants** (6+ months) options are to cancel for 100% refund of their Placement Fee (less \$500 app & bank wire fees) or re-contract a new placement deadline and get a Late Arrival Refund of \$10 for each day PEACE gives placement notice later than TTD.
3. **Late Applicants** (applying less than six months before the TTD (target travel date) are only eligible for a late arrival refund of \$10 per day if placement notice is late by the below schedule:
 - applied 150-180 days prior to TTD only if placed 15+ days late
 - applied 120-149 days prior to TTD only if placed 30+ days late
 - applied 90-119 days prior to TTD only if placed 45+ days late
 - applied 60 - 89 days prior to TTD only if placed 60+ days late
 - applied within 60 days of the TTD do not qualify for any late placement refund, but their return date may be extended .
4. Failure to notify the PEACE US office by fax or e-mail of intent to cancel by 9pm EST the next business day after the target travel date, will result in an automatic 30 day extension for PEACE to make a placement whether the original application was timely or untimely.
5. All applicants are eligible to re-contract for next school semester or year with no increase in fees otherwise applicable to new applicants.

Signature of parents: _____ Signature of student: _____ Date: _____



STUDENTS' INTERNATIONAL REPRESENTATIVE:

ADDRESS:

TELEPHONE & FAX:

EMAIL:

FOR INTERNATIONAL REPRESENTATIVE USE ONLY

COMMENTS: