



Application

Please use the following checklist to make sure you have included all that is required:

- | | | |
|---------------------------------|------------------------|----------------------------------|
| ___ Complete Application | ___ Current Photos | ___ Copy of Passport |
| ___ Signed Policy Page | ___ Correct Signatures | ___ English Test Certificate |
| ___ Transcript w/ 3 yr. history | ___ Health Forms | ___ Deposit/Wire Transfer Number |

Today's Date: _____ Age at Arrival: _____ T-shirt size: _____ Sex: ___ M ___ F

Applicant Name: _____ Native Language: _____
(first) (middle) (family)

Current Mailing Address: _____
(number, street, and/or P.O. Box)

(city) (state/province) (zip or postal code) (country)

Permanent Telephone: _____ Fax: _____ Email: _____

Date of Birth: _____ Country of Citizenship: _____ Country of Birth: _____

Do you live with your parents? _____ Have you graduated high school? _____ HS Graduation year: _____

Home School Name: _____ City & Country Location: _____

Years of English Study: _____ Most Recent English Test Type & Score: _____ Date of English Proficiency Test: _____

Goals for this experience: _____

How will you accomplish these goals? _____

Education & Career Goals: _____

Please explain why you have chosen this career: _____



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ESL/CULTURAL EXCHANGE PROGRAM
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606 Oakridge Drive
 Wilmington, Ohio 45177 USA
 Phone/fax: 937-382-9165
director@culturallyconnectedexperience.com

Special Dietary or Physical Restrictions or Needs (Vegetarian/Diabetic, etc): _____

Do you have pets at home? Y N **Do you smoke?** Y N **Do you drink alcoholic beverages?** Y N

What activities do you enjoy? (Give years involved and circle "R" for recreation or "C" for competitive/concentrated interest).

- | | | | |
|----|-------|---|---|
| 1. | _____ | R | C |
| 2. | _____ | R | C |
| 3. | _____ | R | C |
| 4. | _____ | R | C |
| 5. | _____ | R | C |

Tell us about your proudest accomplishment in detail: _____

Describe a recent conflict or problem, and how you solved it: _____

What chores are you responsible for at home? _____

How many hours a day do you spend studying? (Indicate hours at school and hours spent doing homework): _____



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Has anyone else in your family been an exchange student? (Give year, length of stay, location, and relation to this person: _____)

Previous international travel experience (also list dates & length of stay): _____

Please list the languages you speak/know and rate your abilities (Excellent, good, fair, poor):

LANGUAGE	SPEAK	UNDERSTAND	READ	WRITE

Who inspires you most, and why? _____

Do you have family or friends that live in the USA? (Visits during the experience may only be arranged with approval from the Culturally Connected representative. Only those on this list will be considered for potential visit).

NAME	RELATIONSHIP	AGE	CITY, STATE

What are your expectations of Culturally Connected, LLC and program staff and/or representatives? _____

How were you referred to this program?

- ____ Student exchange organization
- ____ Family/friend
- ____ Our website
- ____ Other (explain):

Who do you know that might also be interested in this type of opportunity?

(Please provide name(s) and contact information).



Policy Agreement

- Rooming assignments are made by the host school staff and may not be changed without permission of the housing director AND your Culturally Connected representative.
- It is mandatory that students arrange for and purchase a meal plan when staying on-campus, and they are expected to be at ALL scheduled meals outlined on that plan.
- Participants are required to be at all enrolled English and academic classes/activities. If there is a problem due to physical illness or injury, the student is responsible for notifying host school staff and Culturally Connected staff outlined by class syllabus and program policy.
- Classes, meals, and other planned activities will begin at the times scheduled. Students are responsible for being in class and at other programs on time.
- Students may be given chores during the cultural experience and will be expected to complete them within reasonable time and still participate in their other program activities.
- Boys and girls may not live together and may not share bathroom facilities.
- Smoking is not allowed on campus or at any other point during the program experience.
- Consumption of alcohol or any other regulated drug is strictly prohibited. Having alcoholic substances before the age of 21 is against the law. No alcohol on campus at any time.
- All individuals will abide by Ohio law, federal law, and host school regulations regarding intoxicants, narcotics, and drugs. Failure to comply may result in program dismissal and possible state and local fines.
- Firearms, weapons, ammunition, fireworks, explosives and highly flammable materials are not allowed within residence halls/buildings or on the school grounds. Harsh laws are in place relative to these items and failure to comply may result in program dismissal.
- Bicycles are not allowed in residence halls/dorms.
- Animals are not allowed in any location in the college/university residence halls or host school dining room.
- Hot plates or similar appliances are not permitted in college/university dorm rooms.
- Students must keep a respectful schedule and sleep during normal hours of their host setting.
- Students may not leave the host setting for travel or extended absence purposes without permission from the host school official and Culturally Connected program representative.
- Remodeling or renovating of college/university dorm rooms or furniture in any way is not permitted.
- Attaching any object to any college/university area by nail, screw, tape is not allowed.
- Blocking the service lanes or fire lanes adjacent to any residence halls is prohibited.
- Removal of windows and window screens, or tampering with them, is not allowed.
- Tampering with the fire system or equipment is strictly prohibited and such action is punishable by local law enforcement officials and may result in monetary fines or other sentencing and is grounds for program dismissal.
- Common area residence hall furniture may not be moved into individual rooms without permission. Any furniture moved should be picked up, not dragged across the carpet and it is necessary to return it to its original location.
- The use and unlocking of common area doors which are continuously locked or locked at specified periods of time is not allowed. All external locks except the front door are to be locked at all times on college/university grounds.
- A \$100.00 approximate charge for all lost room keys will be charged to the student, payable to the host school. Lost outside door key fine is \$450.00 or more. Keys not turned in to the host school official upon program departure will be considered lost and the appropriate fee will be charged to the student.
- Gambling or solicitation in any form is not permitted at any time during the program session.
- Students are encouraged to obtain a calling card or cell phone to maintain contact with their natural families. Email correspondence home will be limited to one hour per week for the first month. Calling cards might be obtained on campus.
- Should student's ill behavior result in early program dismissal, a refund will not be given and any additional travel-related fees for transportation back to the home country, or other agreed upon destination, and other related arrangements are at the student/natural family expense.
- Culturally Connected, LLC will work with the natural family and/or partnering exchange organization to facilitate student arrival. Related expenses to be negotiated based on individual and/or group need, if applicable.

Student Signature: _____

Date: _____

Parent Signature: _____

Date: _____



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STUDENT LETTER OF INTRODUCTION

(Please write and sign in your handwriting; use additional paper if needed)



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STUDENT LETTER TO SCHOOL

(Please write or type your own words, and sign in your handwriting)



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PARENT LETTER OF FAMILY INTRODUCTION

(Please type or write information about your child and family, and sign in your handwriting)



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STUDENT PHOTO ALBUM

Attach four (4) or more informal pictures showing you and your friends and family in places you frequently go. Try to choose photos that help describe your character, and the relationship with these people. This collection of photographs will help Culturally Connected staff, and others you will come in contact with during your experience, to understand more about you before you arrive in the USA. Use additional papers if needed. Be careful to avoid anything offensive. Do NOT send photos with guns, alcoholic beverages, cigarettes, or nudity. Please give description of what is in view for each picture.



Extra-Curricular Options Worksheet

Please note any extra-curricular participation interests below that you are considering while in the USA:

- | | |
|-------------------|----------------|
| 1. Interest _____ | Budgeted _____ |
| 2. Interest _____ | Budgeted _____ |
| 3. Interest _____ | Budgeted _____ |
| 4. Interest _____ | Budgeted _____ |
| 5. Interest _____ | Budgeted _____ |

For private musical instrument lessons, please list the number of hours of instruction you are hoping to arrange and for which instrument:

Total Number of Interests _____ Total Amount Budgeted _____

It is important for Culturally Connected's staff to understand your goals for this experience. We will help arrange instruction or participation for these interests if possible. However, we must encourage focus on English and other academic interests first, and the word "extra-curricular" means that these interests will be prioritized after the language and cultural goals of the program experience.



RECOMMENDATION FROM ENGLISH TEACHER

Name: _____ **Position Title:** _____

School Address: _____

Phone number: _____ **Years acquainted with student:** _____

In what context have you known the student? _____

Please evaluate the student's character on the following categories by checking the appropriate box:

Personality Trait	Excellent	Good	Fair	Poor
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open-minded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to adapt to new situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to interact with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of English language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Give your opinion of how the student is regarded by other teachers: _____



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TEACHER RECOMMENDATION, PAGE 2

Check the following, and explain below:

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

Please explain: _____

Please describe the student's behavior with respect to authority, peer relationships, participation on group projects with other students. What interests and skills does the student have that will contribute to a successful exchange experience?

Teacher Signature: _____ **Date:** _____



CONFIDENTIAL HEALTH REPORT

Please type or print

PART 1

(To be filled out by parents & student)

NAME: _____ **DATE OF BIRTH:** _____

ADDRESS: _____ **CITY** _____ **STATE** _____ **ZIP** _____

A. HAS STUDENT EVER SUFFERED OR RECEIVED TREATMENT FOR THE FOLLOWING:

(Please indicate with an X or √)

	YES	NO		YES	NO
Asthma	___	___	Malaria	___	___
Appendicitis	___	___	Mental Disorder	___	___
Appendix removed?	___	___	Pneumonia	___	___
Allergies	___	___	Rheumatic Fever	___	___
Diabetes	___	___	Scarlet Fever	___	___
Epilepsy	___	___	Tuberculosis	___	___
Hernia	___	___	Typhoid Fever	___	___
Successful operation?	___	___	Serious, persistent cough	___	___
Vertigo	___	___	Dizziness	___	___

B. HAVE YOU EVER BEEN HOSPITALIZED? YES _____ NO _____

Accident/Illness _____ Diagnosis _____ Date _____

Accident/Illness _____ Diagnosis _____ Date _____

Accident/Illness _____ Diagnosis _____ Date _____

C. IS THERE ANY HISTORY OF MENTAL ILLNESS, NERVOUSNESS, DIABETES, OR TUBERCULOSIS IN YOUR FAMILY? YES _____ NO _____

If yes, please explain: _____

D. DISEASES, IMPAIRMENTS, OR ABNORMALITIES:

(Please indicate with an X or √)

	YES	NO		YES	NO
Eyes or sight	___	___	Abdominal organs	___	___
Ears and hearing	___	___	Skin	___	___
Tonsils, nose throat	___	___	Lungs, respiratory system	___	___
Tonsils removed?	___	___	Heart	___	___
Stomach, digestive system	___	___	Bones	___	___
Genital-Urinary system	___	___	Joints	___	___
Blood	___	___	Locomotion system	___	___

E. PLEASE GIVE FULL DETAILS ABOUT ANYTHING ANSWERED, "YES," ABOVE: _____

F. PLEASE LIST ALL MEDICATIONS YOU TAKE, STRENGTH, AND FREQUENCY: _____



PART 2

(To be filled out by physician)

1. AGE _____ HEIGHT _____ WEIGHT _____ SEX _____

BLOOD PRESSURE: Sys _____ Dia _____ Pulse Rate _____ Regular _____

REFLEXES: Pupil _____ Knee _____ Other _____

2. IS THERE ANY EVIDENCE OF THE FOLLOWING?

(Please indicate with an X or √)

	YES	NO		YES	NO
Diabetes	___	___	Mental Disorder	___	___
Epilepsy	___	___	Rheumatic Fever	___	___
Hernia	___	___	Communicable Disease	___	___
Tuberculosis	___	___	Malaria	___	___

ANY DISEASE, IMPAIRMENT, OR ABNORMALITY OF:

	YES	NO		YES	NO
Eyes, sight	___	___	Heart	___	___
Ears, hearing	___	___	Blood	___	___
Tonsils, nose	___	___	Other abdominal organs	___	___
Stomach	___	___	Lungs	___	___
Digestive system	___	___	Respiratory system	___	___
Blood system	___	___	Bones	___	___
Endocrine system	___	___	Joints	___	___
Genital-urinary system	___	___	Locomotion system	___	___
Brain system	___	___	Nervous system	___	___

3. DESCRIBE IN DETAIL EACH DISEASE/IMPAIRMENT/ABNORMALITY MENTIONED ABOVE: _____

4. IS THERE ANY EVIDENCE OF ANY OTHER DISEASE, IMPAIRMENT, OR ABNORMALITY? YES NO

5. GIVE DETAILS OF ANY LOSS OF A MEMBER OR DEFORMITY: _____

6. ARE THERE NOTICEABLE SCARS? DESCRIBE: _____

7. DOES THE INDIVIDUAL DISPLAY ANY HISTORY OR CURRENT EVIDENCE OF NERVOUS, EMOTIONAL, OR MENTAL ABNORMALITY? _____

8. IN YOUR OPINION, IS THE STUDENT EMOTIONALLY MATURE ENOUGH TO STUDY ABROAD? _____

9. PLEASE GIVE THE GENERAL STATE OF THE STUDENT'S CURRENT HEALTH:

- Excellent Good Fair Poor

Doctor Signature: _____ Date: _____

Address: _____ Phone: _____



Personal Medical History

Student Name: _____

IMMUNIZATIONS

(Please get your actual immunization schedule from your doctor)

	Date	Date	Date	Date	Date
DTP					
T/D					
Polio					
Hepatitis B (3)					
Measles (Rubeola)			<u>Disease:</u>	<u>When:</u>	
Rubella (German Measles)		<u>Disease:</u>	<u>When:</u>		
Mumps		<u>Disease:</u>	<u>When:</u>		
Tuberculin Skin Test		<u>Positive:</u>	<u>Negative:</u>		
BCG					

Each state and educational institution has the right to require additional immunizations according to state and federal law. **Additional immunizations may be necessary and required to fulfill partnership agreements.** These can be obtained through the local health department or insurance-approved physician in the host community.



Medical Release Form

We, _____, the parents or legal
(print parent/guardian names)

guardians of _____, studying
(print student name)

through Culturally Connected, LLC, do hereby give permission to have our child immunized to comply with school, county, state, and/or federal laws.

Further, our child agrees to have any immunizations that may be required and mandatory by agreement with the hosting educational student and community.

We agree to pay all expenses for these immunizations.

In addition, in the event of an emergency or illness, we give permission and authorization for medical treatment for our child.

We agree to pay all expenses not covered by insurance.

Parent Signature

Date

Parent Signature

Date

Student Signature

Date