

Sharon High School- Gaoxin/Tangnan School Student Exchange Application

Full Name _____ Homeroom _____

School _____ Year of Graduation _____

Guidance Counselor _____ Date of Birth _____

Home Address _____
Number _____ Street _____ Zip code _____

Evening Tel. # _____ Student's email _____

Parent/Guardian Information:

1. _____
(Parent's name) (Address if different from above)

_____ (preferred phone number for me to contact them at day and evening) (email address)

2. _____
(Parent's name) (Address if different from above)

_____ (preferred phone number for me to contact them at day and evening) (email address)

Student Country of Citizenship _____ Do you have a current passport? Yes / No
Exp date _____

List some of your interests and activities:

Describe any allergies, dietary restrictions, or medical conditions that would influence your travel and living arrangements in China:

Parent/Guardian Statement. Parents, please write a statement describing your child's motivation for wanting to participate in this program and attach it to this application.

Applicant questions. Please answer each of the following questions in one or more typed paragraphs on another sheet of paper and attach it to this application.

1. What are your reasons for wanting to participate in this exchange program?
2. As a student participant, what special qualities or talents can you offer this program and the group of fellow students with whom you will be spending several weeks in China?
3. What do you think would be particularly challenging about an extended stay in China? What are some of your skills or personality traits that would prepare you to meet those challenges?
4. How well do you currently speak/understand Chinese? What are some of the strategies you will use to communicate with your host family, new friends, and to integrate into Chinese culture to the best of your ability?
5. What advice would you give to a friend who was embarking upon an exchange program to a foreign country?

References. Please list the names of two teachers and one other person who will evaluate your qualifications for this program and who have been given the attached recommendation forms to complete.

1. _____
2. _____
3. _____

Costs. We estimate that the student/family share of the expenses of this program will be approximately \$5,000 for airfare, program expenses, and travel within China.

Signature of student applicant: _____ Date: _____

Signature of parent: _____ Date: _____

Application deadline. Please return completed application forms by June 8, 2016 to:

*Note: A need-based travel scholarship is available to qualifying students. Please see Ms. Collins for info.

Ms. Cathy Collins
Chinese Exchange Program Manager
Sharon High School
181 Pond St.
Sharon, MA 02067

To the applicant:

Please fill in your name and give this form to your reference with an sealed envelope addressed to Ms. Beebe (stamped if necessary) and with the reference's name signed across the seal of the envelope.

_____ This applicant has applied for an exchange program in China.

Name of Applicant

To the Reference:

This applicant will be involved an extended stay as a member of a Chinese family. To succeed, the applicant must have a high degree of motivation and the ability to adjust to people of different social and cultural backgrounds. We cannot overemphasize, therefore, the value of your candid appraisal in helping us determine whether the applicant is ready for this kind of program. Please indicate, by checking the appropriate space, your best estimate of the applicant's characteristics in comparison to other students of his/her age. If necessary, please make comments on the reverse side of this form.

	Excellent	Good	Average	Poor	Unknown
1. Consideration for and interest in others and their views	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Common sense and good judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Ability to take directions cheerfully	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Sense of responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Ability to adjust to and cope with new situations (resilience/flexibility.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Intellectual curiosity and imagination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Ability to express him/herself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Participation in community and extra-curricular activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Capacity to follow through on commitments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Sense of humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Classroom behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In what capacity have you known the applicant? _____ For how long? _____

Would you enjoy having the applicant:

(a) As a guest in your home for two months? _____

(b) As a member of a group for whom you were responsible? _____

Please summarize your view of this student's capacity to contribute to and benefit from this experience:

Name _____ Signature _____

Address _____ Position _____

Date _____ Telephone _____

PLEASE RETURN TO Ms. Cathy Collins, SHARON HIGH SCHOOL, 181 POND ST., SHARON, MA 02067

