



Mercer Island Sister City Association
Student Exchange Program Application
Spring Break Trip - April 11-20, 2025

Student Information

Name _____ Date of Birth _____
Address _____ City _____ Zip _____
Home Phone _____ Cell Phone _____ E-mail _____
School Name _____ Grade _____
Foreign Language Experience/Education, years of study _____

Family Information

Father _____ Occupation _____
Address (if different) _____ Home Phone _____
Cell _____ Work _____ E-mail _____
Mother _____ Occupation _____
Address (if different) _____ Home Phone _____
Cell _____ Work _____ E-mail _____
Siblings' Names & Ages _____

Do you have an American passport valid until at least July 20, 2025? _____

Describe any and all medical conditions that may affect your well-being during this trip:

Medications presently taking/Condition(s): _____

Special Needs: _____ (Attach another sheet if necessary.)

The second half of this exchange program requires your family to host your corresponding exchange student in your home during October 2025. What activities would you likely do together during that time?

List some of your hobbies/interests/activities (school and community): _____

If you are selected, you will spend time in an environment where customs are quite different, the people may speak little English, and the food may be unfamiliar. How will you cope with these differences?

Religious Affiliation (optional) _____ Would your religion impose any limitations or concerns for you? Please explain: _____

Do you have any dietary restrictions? _____ If so, please explain: _____

Are you a smoker? _____ Would you accept a family with a smoker(s)? _____

Do you have a pet(s)? _____ Would you accept a family with pets? _____

Please attach a paragraph on a separate sheet, explaining why you want to be part of this exchange and represent our city in Thonon. Also, list below any other information you feel is relevant for you and/or your host family:

PLEASE NOTE! I understand that to participate in the exchange:

- I will commit to hosting my exchange partner on Mercer Island in October 2025;
- My family will purchase a two-year membership (\$80) to the Mercer Island Sister City Association;
- My family will pay the \$1200 program fee plus airfare for this trip;
- I and/or my family agree to help with MISCA events during the upcoming year and during the exchange visit of the French students to our city.

Student's Signature _____ Dated _____

Parent's Signature _____ Dated _____

APPLICATION DEADLINE - FRIDAY, NOVEMBER 15, 2024
*** EARLY APPLICATIONS ARE ENCOURAGED ***

BON COURAGE! Turn in the **completed application**, a **small photo** of yourself along with the attached **student interest statement** and **two letters of recommendation** from a teacher, family friend, or other adult who knows you well to: Your French Teacher

For questions or concerns, contact:
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