**The 2nd TOMODACHI・MUFG International Exchange Program**

**Application Form**

**Part I**

**For Applicant**

(Please type your answers.)

I have read the “Program Announcement” and agree with all the contents.

[ ]  Yes [ ]  No

1. **Applicant Information**

|  |
| --- |
| Name (As it appears on your passport or birth certificate) |
| Family Name      　　　Middle Name      　　　　First Name       |
| Home Address       |
| City       | State       | Zip Code       |
| Home Telephone Number |       |
| Cell phone Number |       |
| E-mail Address |       |

1. **High school in which you are currently enrolled**

|  |
| --- |
| Name of School       |
| Address       |
| City       | State       | Zip Code       |
| Tel  |       | Fax |       |
| School website |       |
| Name of your Japanese Language Teacher(if applicable) |       |
| If you are studying Japanese outside of your high school please provide the name of the institution |
|       |

|  |  |
| --- | --- |
| 1. **Grade in 2013-14 School Year**
 |       |

1. **Sex**[ ]  Male [ ]  Female

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Date of Birth**
 |  (Month) |  (Date) |  (Year) |

1. **Have you ever been in Japan?** **[ ]** Yes [ ]  No

If you answered “Yes,” please use the box below to share when you were in Japan, for how long, and for what purpose.

|  |
| --- |
|       |

|  |  |
| --- | --- |
| 1. **Native/First Language**
 |       |

1. **Other Languages**

|  |  |  |  |
| --- | --- | --- | --- |
| **Language** | **Proficiency** | **Other Language**  | **Proficiency** |
| **English** | **[ ]  Excellent****[ ]  Good****[ ]  Fair** **[ ]  Beginner** |       | **[ ]  Excellent****[ ]  Good****[ ]  Fair** **[ ]  Beginner** |

1. **Have you ever studied the Japanese language?** **[ ]  Yes** **[ ]  No**

If you answered “Yes,” please use the boxes below to indicate where and for how long you studied Japanese.

|  |  |
| --- | --- |
| **Name of school or institution** |       |
| **Length of study** |       |
| **Hours per week** |       |
| **Name of textbook used, if any** |       |

|  |  |
| --- | --- |
| 1. **Your citizenship**
 |        |

|  |  |
| --- | --- |
| **11. Food or animal allergies, if any** |       |

|  |  |
| --- | --- |
| **12. Food restrictions, if any** |       |

**13 Please compose an essay, addressing the following three topics:**

* + Why do you want to participate in the 2nd TOMODACHI MUFG International Exchange Program?
	+ What future role do you see yourself playing in the United States-Japan relationship?
	+ If selected, how would you share what you learned and experienced in Japan with your family, friends and classmates?

If you need more space, please attach pages to this application.

**I hereby state that all information above is accurate and complete.**

|  |  |
| --- | --- |
| Signature of the applicant | Date of Signature |
|        |       |

**Part II**

**For Parent**

**Liability Release**

**(For Parent/Legal Guardian or Legally Authorized Representative)**

I give consent for my child to apply for “The 2nd TOMODACHI MUFG International Exchange Program” to Japan from June 29, 2013, until July 14, 2013.

I agree and understand that the program organizers provide travel insurance with an upper limit on the coverage and does not bear any responsibility beyond the actual coverage of the insurance borne by the insurance company.

|  |
| --- |
| **Name of the Applicant** |
| Family Name      　　　Middle Name      　　　　First Name       |
| **Name of the Applicant’s Parent/Legal Guardian or Legally Authorized Representative** |
|       |
| **Signature of the Parent/Legal Guardian or Legally Authorized Representative** |
|       |
| **Date of Signature** |
|       |

Note: If the applicant is selected to participate in this program, the applicant, and his or her parent/legal guardian or legally authorized representative will receive an “Acceptance Form”, Permission for Emergency Medical Treatment Form and Waiver Form to agree to the program’s terms and conditions, which must be signed in order to participate in the exchange program. He/she also needs to submit Health Certificate.

**Part III**

**For Teacher**

**Teacher Recommendation**

|  |  |
| --- | --- |
| **Applicant’s Name** |        |
| **Grade**  |       | **Age**  |       |

**Please complete the following evaluation of the above student, who is an applicant to the 2nd TOMODACHI MUFG International Exchange Program. This form should be submitted electronically directly to** **tomodachi.MUFG@jas-socal.org** **by Sunday, March 31, 2013.**

|  |  |
| --- | --- |
| **Name of the School** |       |
| **Telephone Number** |       | **E-mail Address** |       |
| **Teacher’s Name** |       | **Date** |       |

**Scaled Responses: (1 = Low, 5 = High, N/A = Not Applicable)**

**Dependability** **[ ]  1** **[ ]  2** **[ ]  3** **[ ]  4** **[ ]  5** **[ ]  N/A**

**Responsibility [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  N/A**

**Sense of Commitment [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  N/A**

**Japanese language ability [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  N/A**

**Social skills [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  N/A**

**Leadership [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  N/A**

The 2nd TOMODACHI MUFG International Exchange Program is a two-week program and includes a home stay experience with a Japanese family, visits to cities affected by the 2011 earthquake and tsunami, as well as sightseeing and cultural visits to the cities of Tokyo, Hiroshima and Kyoto. The purpose of the exchange program is to enhance the student’s understanding of Japan, its people, language and culture, and to learn about disaster preparedness strategies.

**Based on your knowledge of the applicant, what are the applicant’s strengths and weaknesses in participating in the program?**

**Check List**

**For Applicant**

The application must be submitted electronically to **tomodachi.MUFG@jas-socal.org**by **Sunday, March 31, 2013.** Please make sure you submit all the three documents listed below.

[ ]  Application (Part I by Applicant)

[ ]  Liability Release (Part II by Parent or Legal Guardian)

[ ]  Teacher Recommendation (Part III by Teacher) \* To be submitted by the teacher

If you have any questions, please contact the program coordinator, Ms. Makiko Nakasone, at Japan America Society of Southern California at tomodachi.MUFG@jas-socal.org or call her at (818) 523-2866.