

**SANTA ROSA KAGOSHIMA  
STUDENT EXCHANGE PROGRAM  
SRKSEP**

5735 Los Alamos Court  
Santa Rosa, CA 95409  
707-524-3487

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**July 5 - August 3, 2015 (TENTATIVE schedule)**

**STUDENT APPLICATION FORM DEADLINE: FEBRUARY 15, 2015**

1. Name: \_\_\_\_\_  
*First Middle Last*

2. Permanent Address: \_\_\_\_\_  
*Street City Zip*

3. Telephone: (    ) \_\_\_\_\_ Email: \_\_\_\_\_  
Parents Email: \_\_\_\_\_

4. Sex: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

5. School: \_\_\_\_\_  
Current GPA: \_\_\_\_\_ Counselor's Name: \_\_\_\_\_

**Please provide your student transcript with Application.**

6. Foreign languages studied and how long for each: \_\_\_\_\_  
\_\_\_\_\_

7. Valid U.S. Passport? \_\_\_\_\_ Resident Status: \_\_\_\_\_

8. List School / Church / Community Activities in which you participate: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hobbies: \_\_\_\_\_  
\_\_\_\_\_

Work Experience: \_\_\_\_\_  
\_\_\_\_\_

Travel Experience: \_\_\_\_\_  
\_\_\_\_\_

9. What are your plans for the future (education and career)? \_\_\_\_\_  
\_\_\_\_\_

**SRKSEP APPLICATION FORM**

**Last Name:** \_\_\_\_\_

Page 2

10. Father's or legal guardian's full name:

\_\_\_\_\_  
*First* *Middle* *Last*

Address: \_\_\_\_\_  
*Street* *City* *State* *Zip*

Telephone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

11. Mother's or legal guardian's full name:

\_\_\_\_\_  
*First* *Middle* *Last*

Address: \_\_\_\_\_  
*Street* *City* *State* *Zip*

Telephone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

12. Ages of Brothers: \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_ Ages of Sisters: \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_

13. Do you have any health problems? If so, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

14. Can you tolerate high temperatures (90+ degrees) and humidity for one month... (general health)?

\_\_\_\_\_  
\_\_\_\_\_

15. Any special dietary needs? If so, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

16. Any allergies? If so, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

17 Any special medication required? If so, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

18. References (Teachers, ministers, organization leaders, etc.)

\_\_\_\_\_  
*Name* *Affiliation* *Phone*

\_\_\_\_\_  
*Name* *Affiliation* *Phone*

\_\_\_\_\_  
*Name* *Affiliation* *Phone*

**READ CAREFULLY BEFORE SIGNING:**

I understand that if chosen, I agree to participate in SRKSEP activities including the following:

1. Follow all the rules of responsible conduct throughout the trip. I further understand that I will be acting as an ambassador of my country, and I will respect cultural differences of my Japanese hosts.
2. Abide by the directions of chaperons, both American and Japanese.
3. Attend all orientation sessions prior to my departure.
4. I will comply with the group itinerary.
5. Prepare a written report upon return and be willing to give talks and make community appearances following my return from Kagoshima, Japan.
6. **Agree to host a Japanese student the following summer (2016).**

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*Signature of Applicant*

*Date*

My son/daughter has my permission to apply for, and participate in the Santa Rosa-Kagoshima Student Exchange Program (SRKSEP). As the applicant's parent or guardian, I hereby agree to authorize the host family and/or group leader to act on my behalf in any emergency, accident, or illness which may occur during the course of the trip in the event that my son/daughter is selected for the Student Exchange Program.

**I also understand that I will be expected to provide a reciprocal homestay for a Japanese student in the summer of 2016**

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*Signature of Parent/Guardian*

*Date*

**APPLICANT:**

In a separate, typewritten statement of approximately 500 words, please:

1. Describe yourself and members of your family
2. Explain: "Why I would like to be selected to go to Japan".
3. Explain: "How I would share my Japanese experience after returning to Sonoma County".
4. If you were given an opportunity to experience various aspects of Japanese culture, what might most interest you? (For example: kendo, Ikebana, origami, shodo, agriculture, cooking, sado, canoeing, camping, mountain climbing, etc.)

**ELIGIBILITY REQUIREMENTS:**

1. Student and parents may be Sonoma County Residents.
2. Student must be between 15 and 20 years old at the time of trip.
3. Student must be at least a high school Sophomore as of September, 2015.
4. Student must have maintained a respectable level of achievement in both academic and extra-curricular activities.

**SRKSEP RESPONSIBILITIES:**

1. Provide financial subsidy to each student.
2. Provide all orientation sessions.
3. Provide program itinerary.
4. Provide travel arrangements with bilingual guide.
5. Provide homestay arrangements.
6. Provide chaperon.

**STUDENT RESPONSIBILITIES:**

1. Complete and return application by February 15, 2015. Included with application should be:  
Two letters of recommendation.  
Short written essay of about 500 words.  
Provide school transcripts.
2. Pass a brief selection interview.
3. Attend all orientation seminars. These will be brief introductions to Japan's geography, history language, and Kagoshima prefecture. Due to the importance of this orientation series, attendance is mandatory, and failure to attend may result in student's dismissal from the program. Three seminars will be scheduled, time and place to be announced later.
4. It is suggested that the student keep a journal during the entire trip.
5. Be prepared to speak at various functions in Japan.
6. Prepare a written report upon return and be willing to give talks and make community appearances.

**FAMILY RESPONSIBILITIES:**

1. \$ 3,000 cost per student (Tentative - actual budget in May/June upon finalization of itinerary)
2. Provide reciprocal homestay for a Japanese student in the summer of 2016.
3. Passport for student.
4. Pocket money for student \$500.00 minimum.
5. Health Insurance for student.
6. Travel Insurance for student.
7. Gifts for the host family.
8. Attend ALL meetings and orientations.
9. Participate in planning SRKSEP 2016.

**If any questions, please contact SHAUNA LORENZEN  
phone: 707.524.3487 or email: [shauna.lorenzen@exchangebank.com](mailto:shauna.lorenzen@exchangebank.com)**