



## STUDENT EXCHANGE PROGRAM 2010

**GENERAL INFORMATION.** Lomita's affiliation with Takaishi, Japan, officially began in October 1981. Through student, adult, art and cultural exchanges with Takaishi, Lomita hopes to help foster worldwide understanding, communication, and brotherhood.

Since its inception, the annual exchange of students between Takaishi and Lomita has been the principal focus of the Lomita Sister City Association's activities. The Association offers Student Exchange Program participants a unique and extraordinary opportunity to expand their personal horizons while acting as worldwide ambassadors for their community and country. The Association takes great pride in the exemplary student representatives sent to Takaishi in the past; every effort will be made to assure the continued excellence of the Program.

**The 2010 Student Exchange** will be limited to a maximum of eight (8) students. These students will visit Takaishi for approximately three (3) weeks in July-August.

**ELIGIBILITY.** Prospective applicants must be:

- ✓ Students.
- ✓ Sixteen to twenty-two (16-22) years of age, at the time of application.
- ✓ Live, work, or perform community service in Lomita.
- ✓ Carry a Grade Point Average (GPA) of "C" (2.0) or better.
- ✓ Interested in learning about Japanese customs, culture, and language.
- ✓ A legal U.S. resident.

**SELECTION.** The Cultural Exchange Committee of the Lomita Sister City Association will review all applications, interview all applicants, and select the final participants. If selected to participate in the Exchange Program, 1)a student must be willing to attend all orientation meetings, 2)participate with his or her family in other Lomita Sister City Association activities, 3)support activities when Takaishi students visit Lomita, and 4)commit to be a host family.

**\*\*Membership in the Association will be required.**

**FINANCIAL OBLIGATIONS.** The Lomita Sister Association will pay one-half the round trip airfare to Osaka, Japan. Travel health and accidental insurance will also be included in the airfare; this is additional protection if it's not already available through the family insurance. All participating students will be responsible for the balance of their airfare, flight cancellation insurance, personal spending money, gifts for host families, and passports and visa fees. The approximate cost of a round trip airfare is \$900.00-\$1,000.00.

**DEADLINE.** The deadline for submission of applications is **FRIDAY, JANUARY 29<sup>th</sup>, 2010.**

**STUDENT APPLICATION.** Applications will not be accepted unless all the following items are included:

- ✓ A complete & organized Student Exchange Program Application form.
- ✓ Transcript confirmation of grades for the two previous school years, as well as transcript confirmation for the Fall semester.
- ✓ A one-page letter addressed to the Lomita Sister City Association, written by the APPLICANT, stating why the applicant would like to participate in the Student Exchange Program, in addition to what the applicant hopes to gain from this experience.
- ✓ One letter of recommendation from school faculty or administration.\*
- ✓ One letter of recommendation from a parent or guardian.\*

\*All letters of recommendation should be written by someone who has had the opportunity to observe the applicant, and who can give a worthwhile opinion of the character, industry, purposefulness, disposition, and general worthiness of the applicant.

**Applications are to be mailed or delivered  
by FRIDAY, JANUARY 29<sup>th</sup>, 2010  
to:**

LOMITA SISTER CITY ASSOCIATION  
P.O. Box 1048, Lomita, CA 90717

**QUESTIONS.** If you should have any questions, Please call:

Melissa Little 310-325-4853

Linda Roehm 310-326-2333

For more information, please visit us at:  
<http://www.lomita.com/cityhall/community/sistercity.html>



# Lomita Sister City Association

P.O. Box 1048, Lomita, CA 90717 Telephone: 310-539-1399 Email: [lomita.sistercity@gmail.com](mailto:lomita.sistercity@gmail.com)

## APPLICATION: STUDENT EXCHANGE PROGRAM, YEAR 2010

[Preferably typed or print in blue or black ink very clearly. If needed, use additional paper.]

### I. GENERAL

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

School in Which Currently Enrolled \_\_\_\_\_ Grade \_\_\_\_\_

Is current grade point average "C" (2.0) or better?  Yes  No

School Activities \_\_\_\_\_

Future Educational and/or Career Goals \_\_\_\_\_

Extracurricular Activities Including Employment, Clubs, Associations, Community Service, Travel, Etc.

Hobbies \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No

If **YES**, please explain \_\_\_\_\_

Will you and/or your family be able to participate in all Lomita Sister City Association activities such as

FUND RAISING and MEETINGS\*\*\*?  Yes  No

If **NO**, please explain \_\_\_\_\_

\*\*\*Attendance at meetings is MANDATORY if you are selected as an exchange student.

How did you hear about our Student Exchange Program?

School  Lomita Newsletter  Email  Others \_\_\_\_\_

### II. MEDICAL HISTORY (This section must be filled out by every applicant. Declaration of illnesses or surgeries will not necessarily exclude you from being selected or participating in the exchange program.)

#### Medical Emergency Contacts

1. Parent(s) \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Occupation \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

2. Alternate(s) \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Occupation \_\_\_\_\_

Phone Number(s) \_\_\_\_\_



**Lomita Sister City Association**

P.O. Box 1048, Lomita, CA 90717 Telephone: 310-539-1399 Email: [lomita.sistercity@gmail.com](mailto:lomita.sistercity@gmail.com)

(continued)

Medical Insurance Company Name\_\_\_\_\_

Policy#\_\_\_\_\_

(Please check with your medical insurance company if they cover your medical during travels.)

Do you have any medical or physical problems/restrictions?  Yes  No

If **YES**, please explain\_\_\_\_\_

Do you wear  Glasses or  Contacts

Have you ever had or do you current have the following, please check and give dates as necessary

- \_\_\_\_ Abscessed Ears\_\_\_\_\_
- \_\_\_\_ Allergies\_\_\_\_\_
- \_\_\_\_ Asthma\_\_\_\_\_
- \_\_\_\_ Bronchitis\_\_\_\_\_
- \_\_\_\_ Diabetes\_\_\_\_\_
- \_\_\_\_ Epilepsy\_\_\_\_\_
- \_\_\_\_ Frequent Colds\_\_\_\_\_
- \_\_\_\_ Frequent Sore Throats\_\_\_\_\_
- \_\_\_\_ Heart Problems\_\_\_\_\_
- \_\_\_\_ Hepatitis\_\_\_\_\_
- \_\_\_\_ Others (please list your prescription medications)\_\_\_\_\_
- \_\_\_\_ High Blood Pressure\_\_\_\_\_
- \_\_\_\_ Kidney\_\_\_\_\_
- \_\_\_\_ Motion Sickness\_\_\_\_\_
- \_\_\_\_ Recent Exposure to a Contagious Disease\_\_\_\_\_
- \_\_\_\_ Serious Injury/Operations\_\_\_\_\_
- \_\_\_\_ Sinus Allergies\_\_\_\_\_
- \_\_\_\_ Stomach Upsets\_\_\_\_\_
- \_\_\_\_ Tuberculosis\_\_\_\_\_

*(Use the back of this page for additional information and/or comments.)*

**Please include required documents with this application. (Refer to Information Sheet)**

I certify that all the above information is correct.

I realize that the falsification of any portion of the application will result in my disqualification.

Applicant's Signature\_\_\_\_\_ Date\_\_\_\_\_

Signature\_\_\_\_\_ Date\_\_\_\_\_

If under age of 18, please have parent or legal guardian sign & date above.

**Send this form and other required documents to:**

Lomita Sister City Association  
P.O. Box 1048, Lomita, CA 90717

**The DEADLINE is FRIDAY, JANUARY 29<sup>th</sup>, 2010.**