



FOREIGN STUDENT APPLICATION

1. Application Information

| | | | | | | | |
|--|--|--|--|-----------------------|---------------------------|----------------|--|
| Full Legal Name as it appears on passport or birth certificate (use all capital letters for your FAMILY name) | | | | Preferred Name | | Gender | |
| | | | | | | | |
| Home Address – Street | | | | | | | |
| | | | | | | | |
| City | | State/Province | | Postal Code | | Country | |
| | | | | | | | |
| Postal Address (If different – Street) | | | | | | | |
| | | | | | | | |
| City | | State/Province | | Postal Code | | Country | |
| | | | | | | | |
| Home Phone | | Mobile Phone | | Email | | | |
| | | | | | | | |
| Date of Birth | | Place of Birth (City, State/Province/Country) | | | Citizen of Country | | |
| | | | | | | | |

2. Parent/Legal Guardian Information

| | | | | | | | |
|--|--------------------|---------------------|----------------|---|--------------------|---------------------|----------------|
| Full Name of Father/Legal Guardian | | | | Full Name of Mother/Legal Guardian | | | |
| | | | | | | | |
| Address –Street | | | | Address – Street | | | |
| | | | | | | | |
| City | State/Prov. | Postal Code | Country | City | State/Prov. | Postal Code | Country |
| | | | | | | | |
| E-mail | | | | E-mail | | | |
| | | | | | | | |
| Home Phone | | Mobile Phone | | Home Phone | | Mobile Phone | |
| | | | | | | | |
| Occupation | | | | Occupation | | | |
| | | | | | | | |
| Business Phone | | Fax | | Business Phone | | Fax | |
| | | | | | | | |
| <input type="checkbox"/> Check here if your parents are divorced or separated. Authorizations should be obtained from all parents/legal guardians and others who have legal right to decision affecting the student's participation. Parent/legal guardian to contact first in the event of an emergency: | | | | | | | |

3. Siblings (add pages as necessary)

| Name | Gender | Age | Occupation | Living at Home |
|------|---|-----|------------|--|
| | <input type="checkbox"/> M <input type="checkbox"/> F | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> M <input type="checkbox"/> F | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> M <input type="checkbox"/> F | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |



FOREIGN STUDENT APPLICATION

4. Personal Background

| | |
|-----------------------|--|
| Applicant Name | |
|-----------------------|--|

| | |
|--|---|
| a. Do you have any dietary restrictions <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please explain (e.g., vegetarian, food allergies): _____ _____ |
| b. Do you smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes for 4b, 4c, or 4d, please explain: _____ _____ _____ |
| c. Do you drink alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| d. Have you even been involved with illegal drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Answering yes will not automatically eliminate you as a candidate: however, it may require special consideration of host family assignments.

5. Secondary School Information

| | | | |
|--|--|--|---------------------------------|
| Name of Secondary School you currently attend | | <i>Attach a transcript of secondary school courses you have completed and the grades you received in the last completed year of school. The transcript must be in English.</i> | |
| Address - Street | | | |
| City | State/Province | Postal Code | Country |
| Number of grades/levels at your school | Year you will finish secondary school | | Years of school attended |
| | | | |

6. Languages

| Native Language: | | Proficiency (indicate Poor, Fair, Good, or Fluent) | | |
|-----------------------|---------------|--|---------|---------|
| Non-native languages: | Years Studied | Speaking | Reading | Writing |
| | | | | |
| | | | | |
| | | | | |

7. Sponsor Organization and Club Contacts

| | | | | | | | |
|-------------------------------------|--------------------|---------------------|----------------|-----------------------------|--------------------|---------------------|----------------|
| Name of Sponsor Organization | | | | Name of Sponsor Club | | | |
| Address – Street | | | | Address – Street | | | |
| City | State/Prov. | Postal Code | Country | City | State/Prov. | Postal Code | Country |
| | | | | | | | |
| Home Phone | | Mobile Phone | | Home Phone | | Mobile Phone | |
| | | | | | | | |
| Business Phone | | Fax | | Business Phone | | Fax | |
| | | | | | | | |
| E-mail | | | | E-mail | | | |
| | | | | | | | |



FOREIGN STUDENT APPLICATION-LETTERS

Applicant Name

Student's Letter

Write a letter introducing yourself to your future host club and host families. Keep in mind that this will be their first impression of you. Incorporate your answers to the following questions, providing as much detail as possible (if you need help generating details, also consider the italicized questions in parenthesis).

Specifications: Type your letter on a separate sheet (or sheets) of paper, and include your name on each. Attach your letter to this page. Maximum length: 3 pages.

1. What do you do when you have free time?
2. What do you do at your school? (How many *subjects do you take? What are they? How long are the classes? What is your daily schedule during the school year? Start with when you woke-up and discuss only one typical day's schedule*) Are you allowed to choose courses at your school? If so, which courses did you choose and why?
3. What are your school interests and activities?
4. How would you describe your home? (*Do you have your own room, or do you share your room with others? Where in your house do you study? How far is your home from your school? Do you drive, ride a bus, or walk to school?*)
5. What are the occupations of your mother and father? (*What product or service does each make or perform? What is her/his position or title?*)
6. How would you describe your community? (*Is it near a major city? What is the population, industry, economy?*)
7. What are your interests and accomplishments? (*Are you interested in art, literature, music, sports, other activities? How did you become interested in the activity? How long have you been interested? How much time do you devote to the activity?*)
8. What trips have you taken outside of your country? Why did you take these trips, with whom, and for how long?
9. What things do you dislike? (*Do you dislike certain foods, animals, treatment by other people, etc.?*)
10. What do you feel are your strong, and weak characteristics?
11. What are your plans and ambitions for your education and career? Why?
12. What do you specifically hope to accomplish as an exchange student, both during your exchange and when you return?

Parent's Letter

Write a letter to your child's host club and families, incorporating your answers to the following questions.

Specifications: Type your letter on a separate sheet (or sheets) of paper, and include your child's name on each. Attach your letter to this page. Maximum length: 2 pages.

1. How is your child's relationship with you and your family, with his/her friends?
2. How does your child react to disagreement, discipline, and frustration?
3. How does your child handle challenging or difficult situations?
4. What amount of independence do you give to your child? What is your child's level of maturity?
5. What makes you proud of your child?
6. Why do you want your child to be an exchange student?
7. What are some ways you can support your child during the exchange?
8. Are there any other comments you would like to share with the host families?



FOREIGN STUDENT APPLICATION - PHOTOS

| | |
|-----------------------|--|
| Applicant Name | |
|-----------------------|--|

Student's Photos

Select a color photograph for each topic below, and attach each photo to this page with glue or double-sided tape (do not staple). Include a brief description if necessary.

| MY FAMILY | MY SPECIAL INTEREST |
|---|---|
| <p><i>Photo that includes members of your immediate family</i></p> | <p><i>Photo of you participating in your favorite hobby or activity</i></p> |
| SOMETHING IMPORTANT TO ME | MY HOME |
| <p><i>Photo of your friends, pet, musical instruments, etc.</i></p> | <p><i>Photo of your house or building where you live</i></p> |



MEDICAL HISTORY AND EXAMINATION

| | |
|-----------------------|--|
| Applicant Name | |
|-----------------------|--|

Physician: This student is considering traveling abroad as an exchange student. Insufficient, inadequate information about medications or psychiatric, psychological, or other medical problems could endanger the student's life while overseas. Allergy information is especially crucial to host family placement and student well-being. An immediate relative of the applicant may not complete the examination or fill out this form.

Please type or print clearly. Please submit four copies of this form, with original signatures in blue ink on each copy.

| | | | |
|------------------------------------|-----------------------|--------------------|----------------------|
| Applicant's Full Legal Name | | Gender | Date of Birth |
| Address – Street | | | |
| City | State/Province | Postal Code | Country |
| Home Phone | Mobile Phone | E-mail | |

Medical History

| | | | | | |
|--|---|--------------------------|------------------------------|--------------------------|--------------------------|
| 1. How long has the applicant been the patient of the physician? | | | | | |
| 2. Has the applicant even been diagnosed with or received treatment, attention, or advice from a physician or other practitioner for: | | | | | |
| | Yes | No | | Yes | No |
| a. Allergies | <input type="checkbox"/> | <input type="checkbox"/> | n. Liver disease | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Anorexia bulimia/other eating disorder | <input type="checkbox"/> | <input type="checkbox"/> | o. Menstrual disorders | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Appendicitis | <input type="checkbox"/> | <input type="checkbox"/> | p. Mental disorders | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Arthritis | <input type="checkbox"/> | <input type="checkbox"/> | q. Pneumonia | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Asthma | <input type="checkbox"/> | <input type="checkbox"/> | r. Rheumatic fever | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Bowel problems | <input type="checkbox"/> | <input type="checkbox"/> | s. Serious headache/migraine | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Cancer | <input type="checkbox"/> | <input type="checkbox"/> | t. Stomach ulcer | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Diabetes | <input type="checkbox"/> | <input type="checkbox"/> | u. Typhoid fever | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Epilepsy seizures | <input type="checkbox"/> | <input type="checkbox"/> | v. Urinary tract infections | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Hearing loss | <input type="checkbox"/> | <input type="checkbox"/> | w. Vertigo/dizziness | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Heart disease | <input type="checkbox"/> | <input type="checkbox"/> | x. Visual problems | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Hernia | <input type="checkbox"/> | <input type="checkbox"/> | y. Eyeglasses/contact lenses | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Malaria | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 3. Has the applicant: | | | | | |
| a. Had any surgical operation not revealed in question 2, or gone to a hospital, clinic, dispensary, or sanatorium for observation, examination, or treatment not revealed in question 2? | Yes | No | | | |
| b. Taken any prescribed medications in the past six months? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| c. Presented any history or current evidence of nervous, emotional, or mental abnormality, functional nervous breakdowns, nervous fatigue, depression, suicide attempts, eating disorders, or antisocial behavior? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| d. Ever used heroin, cocaine, marijuana or other hallucinogens, amphetamines, or other street drugs? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| e. Ever received treatment for or advice about a problem with alcohol or drug use, either from a physician other practitioner or an organization that assists those who have an alcohol or drug problem? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| f. Had excessive weight gain or loss recently? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| g. Suffered chest pains, wheezing, shortness of breath, or fainting episodes? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| h. Suffered chronic diarrhea, vomiting, abdominal pain, or constipation? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| i. Exhibited chronic skin conditions (e.g. severe acne, eczema, psoriasis)? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| j. Suffered weakness of neurological or muscular skeletal system? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| k. Had any dietary restrictions? If yes, specify and note reason (medical, religious, personal choice) | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| If yes for any parts of questions 2 and 3, please explain: | | | | | |
| Questions (e.g. 2e) | Nature and severity of disorder, diagnosis, frequency of attacks, and treatment | | | | Dates and duration |
| | | | | | |
| | | | | | |



MEDICAL HISTORY AND EXAMINATION

| | |
|-----------------------|--|
| Applicant Name | |
|-----------------------|--|

| | | |
|--|-----------------------|-----------------------|
| 4. Will the applicant be bringing any prescribed medication on the exchange? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list each medication, including the international and generic names, compound symbols, dosage, frequency, and reason for use. | | |
| Prescribed Medications | Dose/Frequency | Reason for Use |
| | | |
| | | |

| | | | | | | | |
|---|--|-------------|--|---------------|--|----------------------------|--|
| 5. Indicate year when the applicant had the following diseases (or indicate that he or she has not): | | | | | | | |
| Measles (rubella) | | Mumps | | Hepatitis | | Whooping cough (pertussis) | |
| Rubella (German measles) | | Chicken pox | | Scarlet fever | | Other: | |

| 6. The applicant has been immunized against the following diseases (clearly state the dates of last booster and doses received): Immunizations are a prerequisite to school attendance in many locations. The host country or school may require additional immunizations. | | | | | |
|--|-----------------|-------|--|-----------------|-------|
| Immunization | Number of Doses | Dates | Immunization | Number of Doses | Dates |
| Diphtheria, DTP or Dtap(3) | | | Tetanus, TD, Tdap (1) | | |
| MMR (Mumps, Measles, Rubella) (2) or separate | | | Polio (Sabin-3 or more TOPV, Salk-4 or more IPV) | | |
| Measles (2) | | | Hepatitis B (3) | | |
| Mumps (2) | | | Varicella (1 - Unless had chickenpox) | | |
| Rubella (2) | | | Other (specify) _____ | | |

| | |
|--|--|
| Additional Comments | |
| 7. Tuberculosis screening: The applicant must present evidence of recent (within 3 months) Mantoux/PPD skin test. Date of screening _____ Result/diagnosis: _____. If a different test was administered or the applicant received a BCG vaccine, please explain methods and treatments used to obtain screening results. | |

| | | | | | | | | | | | |
|--|--------------------------|--------------------------|------------------------|--------------------------|--------------------------|------------------------|--------------------------|--------------------------|------------------|--------------------------|--------------------------|
| Physical Examination | | | | | | | | | | | |
| Height: | Weight: | Blood Pressure: Sys. | Dia: | Pulse rate/minute: | | | | | | | |
| 8. Does today's examination show any abnormal findings for: | | | | | | | | | | | |
| Head and Neck | Yes | No | Heart(murmur/pressure) | Yes | No | Extremities (muscular) | Yes | No | Abdominal (mass) | Yes | No |
| Ear, nose, throat | <input type="checkbox"/> | <input type="checkbox"/> | Hernias | <input type="checkbox"/> | <input type="checkbox"/> | Skeletal system | <input type="checkbox"/> | <input type="checkbox"/> | Rectal | <input type="checkbox"/> | <input type="checkbox"/> |
| Chest/lungs | <input type="checkbox"/> | <input type="checkbox"/> | Lymph nodes/breasts | <input type="checkbox"/> | <input type="checkbox"/> | Neurological | <input type="checkbox"/> | <input type="checkbox"/> | Skin | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | Genitalia | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| If yes, please provide detailed information on a separate page (typed or computer-generated with the applicant's full legal name and date of birth at the top of each page). | | | | | | | | | | | |

| | | |
|--|--------------------------------|-------------|
| CERTIFICATION | | |
| I certify that I hold a valid current license to practice medicine and am not an immediate relative of the patient, and that I have personally examined the applicant and reported my findings as noted above and the attached page(s) (if no pages are attached, please check here: <input type="checkbox"/>). | | |
| I find the applicant: | | |
| <input type="checkbox"/> In good health and not suffering from any mental or medical condition(s) that would preclude participation in the program. | | |
| <input type="checkbox"/> Suffering from mental or medication condition(s) as noted in my report | | |
| I find the applicant in good health and not suffering from any condition(s) that would preclude participation in sporting/physical activities of the applicant's choice. <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Physician's Name (type or print) | Signature (in blue ink) | Date |
| | | |
| Physician's address, phone, and fax (type or stamp) | | |
| | | |



DENTAL HEALTH AND EXAMINATION

Dentist: This student is considering traveling abroad as an exchange student: Insufficient, inadequate, or improper information about the student's dental health, medications, or other problems could endanger this student while overseas. An immediate relative of the student may not complete the dental examination.

Please type or print clearly. Please submit four copies of form, with original signatures in blue ink on each copy.

| | | | |
|------------------------------------|-----------------------|---|----------------------|
| Applicant's Full Legal Name | | Gender | Date of Birth |
| | | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Address – Street | | | |
| | | | |
| City | State/Province | Postal Code | Country |
| | | | |
| Home Phone | Mobile Phone | E-mail | |
| | | | |

Dental Examination

| |
|--|
| <ol style="list-style-type: none"> 1. Is the applicant in good dental health? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Does the applicant require dental work at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Do you foresee the applicant requiring any dental work while abroad? If yes, please explain below (use reverse if needed): <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|

CERTIFICATION

I certify that I hold a valid current license to practice dentistry and am not an immediate relative of the patient, and that I have personally examined the applicant and reported my findings as noted above and the attached page(s) (if no pages are attached, please check here).

| | | |
|---------------------------------------|--------------------------------|-------------|
| Dentist's Name (type or print) | Signature (in blue ink) | Date |
| | | |

Dentist's address, phone, and fax (type or stamp)



SCHOOL REPORT AND REFERENCE

| | |
|-----------------------|--|
| Applicant Name | |
|-----------------------|--|

Student: Complete the top section of this form then give the form and preaddressed stamped envelope to a school representative who knows you and your abilities and accomplishments at school. By so doing, you give permission to the school to release this information to the Victory Christian Academy Foreign Student Program committee for their review.

| | | | |
|------------------------------------|-----------------------|---|----------------------|
| Applicant's Full Legal Name | | Gender | Date of Birth |
| | | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Address – Street | | | |
| | | | |
| City | State/Province | Postal Code | Country |
| | | | |
| Home Phone | Mobile Phone | E-mail | |
| | | | |

Evaluator: This student is applying for an educational study abroad program under the Victory Christian Academy Foreign Student Program sponsorship. Please complete and forward this form within seven days of receipt in the preaddressed envelope provided. The information you submit *will not be revealed to the student*, unless required by law.

Please type or print clearly:

1. School and Class Information

| | |
|---|-------------------------------|
| Applicant's present grade year in school (e.g. 9 th , 10 th) | Number of grades in school: |
| Number of students in applicant's class: | Number of students in school: |
| What is the applicant's approximate class ranking (e.g. top 10%, 12 th out of 56)? | |

2. Applicant's Course Information

| |
|---|
| Please list the major courses the applicant is taking and comment on the applicant's ability and results achieved. |
| |

3. Ratings

| Area | Excellent | Good | Average | Below Average | No Basis to Rate |
|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Creative, original thought | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Independence, initiative | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Intellectual ability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Emotional stability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Academic achievement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Openness to new ideas | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Flexibility, adaptability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to communicate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Potential for growth | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Disciplined habits | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Participation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



SCHOOL REPORT AND REFERENCE

Applicant Name

4. Do you believe the applicant has the ability, work habits, character traits, and flexibility to succeed in an unfamiliar environment that will include learning a foreign language? Yes No

Please explain your answer:

5. Do you believe the applicant's parents/legal guardian support his/her wish to spend time abroad? Yes No

| |
|---|
| RECOMMENDATION |
| I recommend this student as a future Victory Christian Academy Student (check one) |
| <input type="checkbox"/> Strongly Recommend <input type="checkbox"/> Recommend <input type="checkbox"/> No Opinion <input type="checkbox"/> Do Not Recommend <input type="checkbox"/> Strongly Do Not Recommend |

| | | | | | |
|--------------------------------------|-----------------------|--------------------------------|--|----------------|--|
| Name and Title (please print) | | Signature (in blue ink) | | Date | |
| Name of School | | Address - Street | | | |
| City | State/Province | Postal Code | | Country | |
| Phone | | Fax | | E-mail | |

Additional comments on applicant's ability as a foreign student and cultural ambassador:



GUARANTEE FORM

| | |
|-----------------------|--|
| Applicant Name | |
|-----------------------|--|

| | | | | | |
|--|--|---|---------------------|---|--|
| Full Legal Name as it appears on passport or birth certificate (use all capital letters for your FAMILY name) | | | | Gender | |
| | | | | <input type="checkbox"/> M <input type="checkbox"/> F | |
| Home Address - Street | | City | State/Prov. | Postal Code | Country |
| | | | | | |
| Postal Address (if different) – Street | | City | State/Prov. | Postal Code | Country |
| | | | | | |
| Home Phone | | Mobile Phone | | E-mail | |
| | | | | | |
| Date of Birth | | Place of Birth (City, State/Province, Country) | | | Citizen of (Country) |
| | | | | | |
| Sponsor Organization | | Host District | Host Country | | Arrival Airport in Host Country |
| | | | | | |

- A. **APPLICANT GUARANTEE:** I, the applicant named above, agree to do the following: (1) Purchase round-trip travel before I depart my home country, (2) abide by the rules and decisions of the program, accepting advice and supervision of my hosts; (3) attend all orientation and trainings offered by my sponsor and host organizations and clubs, and (4) not request permission to stay in my host country, and return home after completion of my exchange. Duration of program may be until high school graduation.
- B. **PARENT/LEGAL GUARDIAN GUARANTEE:** We, the parents/legal guardians of the above named applicant, agree to do the following, (1) Pay all costs of transportation, passport, and visa, (2) pay costs for health and accident insurance; (3) pay for clothing for the applicant's welfare and any uniforms required; (4) pay additional costs as circumstances arise, e.g. provide an emergency fund, if required by host district, under control of the host organization to be returned at completion of the exchange if not used; (5) attend orientation meetings; (6) abide by program rules and follow host district policy on visiting the applicant while he/she is abroad.

The undersigned **APPLICANT** and **PARENTS/GUARDIANS** hereby agree to the Applicant's and Parents'/Guardians' Guarantee (A and B) and that the applicant is permitted to travel to the host district, live with approved families for duration of program, and attend secondary school.

| | | | | | |
|--|--|-------------|-------------------|---------------|--|
| Signed (Applicant) | | | Date | | |
| | | | | | |
| Signed (Father/Guardian) | | Date | Home Phone | E-mail | |
| | | | | | |
| Signed (Mother/Guardian) | | Date | Home Phone | E-mail | |
| | | | | | |
| Witness (Sponsor Organization Representative) | | Date | Home Phone | E-mail | |
| | | | | | |

ALTERNATIVE EMERGENCY CONTACT IN HOME COUNTRY

| | | | |
|-------------------------|-----------------------|---------------------|----------------|
| Name | | Relationship | |
| | | | |
| Address – Street | | | |
| | | | |
| City | State/Province | Postal Code | Country |
| | | | |
| Home Phone | Business Phone | Mobile Phone | E-mail |
| | | | |

(C) SENDING ORGANIZATION ENDORSEMENT

| | | | | | | | |
|---|-------------------|------------------------------------|-------------------|--------------------------------|---------------|--|--|
| The _____ (sponsoring organization) having interviewed the applicant and his/her parents/legal guardians and reviewed the student's application hereby endorse the student as qualified for Victory Christian Academy Foreign Student Program and recommend the acceptance of this student. The sponsoring organization agrees to provide adequate orientation to the student and parents before the student's departure. | | Name of Organization | | District # | | | |
| | | | | | | | |
| | | Organization President Name | | Signature | | | |
| | | | | | | | |
| | | Date | Home Phone | E-mail | | | |
| | | | | | | | |
| Organization Secretary | | Signature | | Organization Chair Name | | | |
| | | | | | | | |
| Date | Home Phone | E-mail | Date | Home Phone | E-mail | | |
| | | | | | | | |



GUARANTEE FORM

| | |
|-----------------------|--|
| Applicant Name | |
|-----------------------|--|

(D) VICTORY CHRISTIAN ACADEMY FOREIGN STUDENT PROGRAM GUARANTEE

| | | | | |
|--|------------------------------------|-------------------|-------------------|--------------------------------|
| <p>The Victory Christian Academy Foreign Student Program will provide room and board in approved homes, provide required years of study at the secondary school level, invite the applicant to participate in VCA-FSP events and activities typical of our country, and provide guidance and supervision to assure the applicant's welfare. VCA-FSP agrees to ensure adequate training for host parents and volunteers and orientation for the student upon his/her arrival.</p> | Name of Organization | | District # | |
| | Victory Christian Academy-FSP | | | |
| | Organization President Name | | Signature | |
| | | | | |
| Date | | Home Phone | | E-mail |
| | | | | |
| VCA-FSP Secretary | | Signature | | Organization Chair Name |
| | | | | Signature |
| Date | | Home Phone | | E-mail |
| | | | | |

(E) HOST ORGANIZATION COUNSELOR (required)

| | | | |
|-------------------|-----------------------|-------------------------|----------------|
| Name | | Address – Street | |
| | | | |
| City | State/Province | Postal Code | Country |
| | | | |
| Home Phone | Mobile Phone | Fax | E-mail |
| | | | |

(F) SCHOOLING GUARANTEE

| | | | | |
|--|-------------------------|------------|---------------------------|--|
| | Name of School | | Date School Starts | |
| | | | | |
| Affix School's Stamp or Official Seal | Address – Street | | | |
| | | | | |
| | City | | State/Province | |
| | | | | |
| | Postal Code | | Country | |
| | | | | |
| | Phone | Fax | E-mail | |
| | | | | |
| Name of School Official | Title/Position | | Signature | |
| | | | Date | |
| | | | | |

(G) FIRST HOME FAMILY (required)

| | | | | | |
|----------------------------|--|----------------------------|--|---|--|
| Name of Host Father | | Name of Host Mother | | Name(s) and Ages of Other Adult(s) in Home | |
| | | | | | |
| Address – Street | | | | | |
| | | | | | |
| City | | State/Province | | Postal Code | |
| | | | | | |
| Home Phone | | Mobile Phone | | Fax | |
| | | | | E-mail | |
| | | | | | |

Student: Please submit this form with the rest of the completed application to the local sponsoring organization. Your information will be shared with Victory Christian Academy Foreign Student Program. It will only be used for official VCA-FSP business and not sold to or shared with third parties, unless required by law to be released.

Sponsoring Organization: Please mail completed Guarantee Form to the address below:

Victory Christian Academy
 Foreign Student Program
 1343 Montauk Highway
 East Patchogue, NY 11772



RULES AND CONDITIONS OF VCA PROGRAM

Applicant Name

As a foreign student sponsored by _____, you must agree to the following rules and conditions of VCA-FSP program. Please note that VCA-FSP may edit this document or insert additional rules if needed to account for local conditions.

Rules of Conditions of VCA-FSP Program

- 1) You must obey the laws of the host country. If found guilty of violating any law, you can expect no assistance from your sponsors or native country. You must return home at your own expense as soon as released by authorities.
- 2) You are not allowed to possess or use illegal drugs. Medicine prescribed to you by physicians is allowed.
- 3) The drinking of alcoholic beverages is expressly forbidden. Students who are of legal age must refrain.
- 4) You may not operate a motorized vehicle or participate in a driver education program.
- 5) You will be under the host organization's authority while you are a foreign student and must abide by the rules and conditions of program provided by the host organization. Parents or legal guardians must not authorize any extra activities directly to you. Any relatives you may have in the host country will have no authority over you while you are in the program.
- 6) You must attend school regularly and make an honest attempt to succeed.
- 7) You must have travel insurance that provides medical and dental coverage for accidental injury and illness, death benefits (including repatriations of remains), disability / dismemberment benefits, emergency medical evacuation, emergency visitation expenses, 24 hour emergency assistance services, and legal services, in amounts satisfactory to the host organization in combination with the sponsor organization, with coverage from the time of your departure from your home country until you return.
- 8) You should have sufficient financial support to assure your well-being during your exchange. Your host organization may require a contingency fund for emergency situations. Unused funds will be returned to your parents or legal guardians at the end of your participation in the program.
- 9) You must follow the travel rules of your host organization. Travel is permitted with host parents or for VCA-FSP functions authorized by the host organization and with proper adult chaperones. The host organization, host family, and your parents or legal guardians must approve any other travel in writing, thus exempting VCA-FSP of responsibility and liability.
- 10) You must return home directly by a route mutually agreeable to your host organization and your parents or legal guardians.
- 11) Any costs related to an early return home or any other unusual costs (language, tutoring, tours, etc.) are the responsibility of you and your parents or legal guardians.
- 12) You should communicate with your first host family prior to leaving your home country. The family's information must be provided to you by your host organization prior to your departure.
- 13) Visits by your parents or legal guardians, siblings, or friends while you are in the program may only take place with the host organization's consent and within their guidelines. Typically, visits may be arranged only in the last quarter of the program or during school breaks.
- 14) Talk with your host organization counselor, host parents, or other trusted program adult if you encounter any form of abuse or harassment.

Recommendations for Successful Program Participation

- 1) Smoking is prohibited. If you state in your applications that you do not smoke, you will be held to that position throughout your participation in the program. Your acceptance and host family placement is based on your signed statement.
- 2) Body piercing or obtaining a tattoo while you are in the program is not allowed, for health reasons.
- 3) Respect your host's wishes. Become an integral part of the host family, assuming duties and responsibilities normal for a student of your age or for children in the family.
- 4) Learn the language of your host country. Teachers, host parents, VCA-FSP members, and others you meet in the community will appreciate your effort. It will go a long way in gaining acceptance in the community and with those who will become lifelong friends.
- 5) Attend VCA-FSP sponsored events and host family events, and show an interest in these activities. Volunteer to be involved; do not wait to be asked. Lack of interest on your part is detrimental to your participation in the program and can have a negative impact on future program participation.
- 6) Avoid romantic activity. Abstain from sexual activity.
- 7) Get involved in your school and community activities. Plan your recreation and spare-time activities around your school and community friends. Don't spend all your time with other foreign students who are participating in the program.
- 8) Choose friends in the community carefully. Ask for and heed the advice of host families, counselors, and school personnel in choosing friends.
- 9) Do not borrow money. Pay any bills promptly. Ask permission to use the family phone or computer, keep track of calls and time on the Internet, and reimburse your host family each month for the costs you incur.
- 10) Use of the Internet and mobile phones is under direct host or school supervision. Excessive or inappropriate use is not acceptable.
- 11) If you are offered an opportunity to go on a trip or attend an event, make sure you understand any costs you must pay and your responsibilities before you go.

NOTE: Victory Christian Academy reserves the right at any time to dismiss/expel any student who violates the rules of the program.



RULES AND CONDITIONS OF VCA PROGRAM

| | |
|-----------------------|--|
| Applicant Name | |
|-----------------------|--|

DECLARATION

IN CONSIDERATION of the acceptance and participation of the applicant in this program, the undersigned APPLICANT and his/her PARENTS or LEGAL GUARDIANS, to the full extent permitted by law, hereby release and agree to defend, hold harmless, and indemnify all host parents and members of their families, and all members, officers, directors, committee members, and employees of the host and sponsoring organizations, from any or all liability for any loss, property damage, personal injury, or death, including any such liability that may arise out of any negligent act or omission, excepting gross negligence or intentional conduct, of any such persons or entities, which may be suffered or claimed by such applicant, parent or guarding during or as a result of the participation by the applicant in such Foreign Student Program, including travel to and from the host country.

As the undersigned applicant and undersigned parents or legal guardians of the applicant, we hereby state that we have read and understood the Program Rules and Conditions of the VCA Program. Should I, as a student, be selected for program participation, I agree to abide by these rules and others imposed on me with due notice during my time as a foreign student in the host country.

We attest that we have read and understand the Statement of Conduct for Working with Youth. We understand that all VCA-FSP staff and host families are expected to have read and understand this statement as well. I understand that, if selected for participation, I will be provided training and written material on abuse and harassment and that this information will include the contact information of the person I should contact if I encounter any form of abuse or harassment.

I attest that I am of good health and character, understand the importance of the role of a youth ambassador as a VSP Foreign Student, and will, to the best of my ability, maintain the high standards required of a Foreign Student should I be chosen to represent my sponsor organization, school, community, state/province and country. I further state that all material contained in this application and the attached documents are true and accurate to the best of my knowledge.

PERMISSION FOR MEDICAL CARE AND RELEASE OF MEDICAL RECORDS AND LIABILITY

We, the parents/legal guardians of the applicant, and I, the applicant HEREBY AUTHORIZE the release of medical information on application pages 'Medical Information 1-4', acquired in the course of the examination by the physician and the dentist.

We, the parents/legal guardians of the applicant, and the applicant, if of legal age, who have the sole and legal right to make the decisions on the health and care of the applicant, do release from liability and grant permission as noted of the following while our son/daughter /ward is overseas as a Victory Christian Academy Foreign Student:

- In the event of accident or sickness, we/I authorize any VCA-FSP Staff, host families, and authorized chaperones of VCA-FSP activities, to select the appropriate medical facility and physician(s), dentist(s) to provide treatment.
- We/I give permission for any operation, administration of anesthetic, or blood transfusion that a medical practitioner may deem necessary or advisable for the treatment of our son/daughter/ward.
- We/I further consent to any medical or surgical treatment by a licensed physician, surgeon, or dentist that might be required by our son/daughter/ward for any emergency situation. We do request that we be notified as soon as possible, but emergency treatment need not be delayed to provide such notice.
- Permission is granted for immunizations required for school registration.
- In the case of elective surgery, we/I request that we/I be notified and our permission obtained before such arrangements are made.

We agree to hold harmless Victory Christian Academy, staff, any host family, chaperone for any intervention in an emergency situation regardless of final outcome.

We agree to assume all financial obligations beyond those covered by insurance for any medical treatment rendered.

| | |
|---|------------------|
| Applicant (print name) | Signature |
| | |
| Mother/Legal Guardian (print name) | Signature |
| | |
| Father/Legal Guardian (print name) | Signature |
| | |
| Witnessed in the presence of Sponsor Representative (print name) | Signature |
| | |
| Dated this _____ Day of _____ Month, _____ Year. | |

Statement of Conduct for Working with Youth

Victory Christian Academy is committed to creating and maintaining the safest possible environment for all participants in VCA activities. It is the duty of all VCA Staff's spouses, partners, and other volunteers to safeguard to the best of their ability the welfare of and to prevent the physical, sexual, or emotional abuse of children and young people with whom they come into contact.

Adopted by Victory Christian Academy Foreign Student Program, August 2003



APPLICATION CHECKLIST

| | |
|-----------------------|--|
| Applicant Name | |
|-----------------------|--|

Use this checklist to ensure that you have all of the necessary parts for your application. All copies must have original signatures signed in BLUE ink; all photographs must be originals or good-quality color photocopies.

| | Set 1 | Set 2 | Set 3 | Set 4 |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| <i>Personal Information pages completed with photo attached</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Letters completed and Photos (4) attached</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Medical History and Examination completed and signed by physician</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Dental Examination completed and signed by dentist</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Guarantee Form signed by student and parents/legal guardians</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Declarations and Permissions for Medical Care and Release of Medical Records and Liability signed by student and parents/legal guardians</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Copy of school transcript</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Copy of passport/birth certificate</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Secondary School Report and Reference form and preaddressed stamped envelope given to your principal/teacher (do not submit this form with your application)