

Applicant's Information Please use the back if additional room is needed.

Kindly return to the group you are applying to or: kentsistercities@gmail.com
Please confirm with each group the final cutoff.



Indicate which program you are applying for ___ **China** ___ **Japan** ___ **Norway**

Name _____ eMail address _____
Address _____
Telephone (____) _____ Alternate/Cell Phone (____) _____
Gender M F Birth Date ____/____/____ School _____ Grade _____
Do you have a Passport? ___Yes ___I am able to apply for a passport

Parent /Guardian Information

Name _____ eMail address _____
 Address is the same as Applicant's
Address _____ Relationship _____
Telephone (____) _____ Alternate/Cell Phone (____) _____

Name _____ eMail address _____
 Address is the same as Applicant's
Address _____ Relationship _____
Telephone (____) _____ Alternate/Cell Phone (____) _____

(Optional) Please list any languages other than English spoken by the applicant or by family members in the home _____

Are there any special needs or requirements (e.g., religion, meals, medication, allergies, etc.). Please describe _____

If you are not selected for the program you selected at the top would like to be considered another Sister City program? If so please list your second choice _____

We understand that any student and their family selected to participate in the Kent Youth Ambassador Program will be expected to help promote the program and will join the appropriate Kent Sister Cities Committee.

Student Signature Parent/Legal Guardian Signature Date

Your information will be forwarded to the appropriate committee(s) for further review. The committees each have different programs and thus different selection criteria. You may be asked to provide additional information or fill out additional forms containing the same information you provided above, this is due to processing needs and is part of the process.