



EAST SAN GABRIEL VALLEY
JAPANESE COMMUNITY CENTER **ESGVJCC**

2014 STUDENT EXCHANGE PROGRAM SISTER CITIES OF WEST COVINA AND OHTAWARA

APPLICATION FORM

STUDENT INFORMATION

Name _____ Birth date _____

Address _____

City _____ Zip _____ Home Phone _____

Cell Phone _____

Email Address _____

School _____ ESGVJCC Member ☐ Yes ☐ No

ESGVJCC organizations affiliated with: _____

PARENT INFORMATION

Father _____ Mother _____

Address _____

City _____ Zip _____ Home Phone _____

Email Address _____

Father Cell Phone _____ Mother Cell Phone _____

ESGVJCC organizations affiliated with: _____

Speak Japanese ☐ Yes ☐ No

What do you want your child to gain from this program? _____

BRIDGING CULTURE, FAMILY, AND COMMUNITY



The student should complete the following questions:

- 1) What are your hobbies and extracurricular activities?
- 2) How much Japanese (if any) do you speak?
- 3) What would you like to gain from this exchange program?
- 4) What have you heard about past exchange programs that you would like to experience?
- 5) Do you have any food allergies or restrictions?
- 6) Non-ESGVJCC Members Only: Please submit TWO (2) reference letters with at least one from a teacher.

Date _____

Date _____

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