



**"Opening Decatur, Illinois to International Friendships" Since 1966**

**Website: [www.decatursistercities.com](http://www.decatursistercities.com)**

**Email: [decatursistercitiesil@gmail.com](mailto:decatursistercitiesil@gmail.com)**

**APPLICATION FOR STUDENT EXCHANGE**

**I would like to be a student ambassador to the following Decatur Sister City:**

- Seevetal, Germany (June)
- Tokorozawa, Japan (July)

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Age: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

High School: \_\_\_\_\_ Grade: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's Name \_\_\_\_\_

Age: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

*Student ambassadors must be residents of the Decatur metro area and attend a Decatur public or private high school or be home schooled.*

## Decatur Sister Cities Application

### QUESTIONNAIRE

What do you hope to gain by participating in the Decatur Sister Cities student exchange program?

What do you think the people living in our Sister Cities should know about Decatur?

How did you hear about the Sister Cities program?

Please include a typed essay that answers the question: "Why I would like to be a Student Ambassador", and three (3) letters of reference.

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

Parent or Guardian Signature \_\_\_\_\_

**Please indicate if your family would like information on hosting a student from:**

- Tokorozawa, Japan (approximately 10 days, late July - early August)
- Seevetal, Germany (approximately 2 weeks, March-April or September-November )

**APPLICATION DUE DATE IS November 15<sup>th</sup>.**

Application materials must be mailed or delivered to:

DECATUR SISTER CITIES COMMITTEE  
C/o Mayor's Office City of Decatur  
One Gary K. Anderson Plaza  
Decatur, IL 62523

## Decatur Sister Cities Application

### APPLICATION SUBMISSION CHECKLIST:

- Application form (pages 1 & 2) is complete and has been signed
- Typed essay "Why I would like to be a student ambassador" is enclosed
- Three (3) letters of reference are enclosed (2 must be from school teachers, counselors, or administrators)

After receiving all your information, we will be calling in January to schedule interviews with the Decatur Sister Cities Committee.

Please review the Rubric from the website to understand the criteria used for judging the candidates for Decatur Ambassadors.