

Sister Cities Association of Belvidere, Illinois, Inc.



**To APPLICANTS and PARENTS of PROSPECTIVE
YOUTH AMBASSADORS for the SISTER CITIES ASSOCIATION OF BELVIDERE**

Thank you for your interest in our Youth Exchange Program. The Sister Cities Association of Belvidere is looking forward to another summer of Youth Exchanges, providing a genuine family experience in another country for teens of Belvidere/Boone County and those of our Sister Cities of Vaux le Penil, France and Schwieberdingen Germany.

We are looking for a total of four (4) teens from the Belvidere/Boone County area who would like to experience life in a foreign country. The four teens chosen will spend two weeks living with host families in our Sister Cities in Europe, two going to Schwieberdingen, Germany and two to Vaux le Pénil, France. The host families are carefully chosen by members of the corresponding organizations in our Sister Cities in Europe.

WHO CAN APPLY TO BE A YOUTH AMBASSADOR? : Teens who are U.S. citizens between the ages of 15 and 20 who live in the Belvidere/Boone County area and have not previously served as an ambassador for Sister Cities may apply. Knowledge of a foreign language, especially the language of the country selected to visit, is a plus.

WHEN? : A two week visit either to France or Germany will take place around July 15th and August 1st. Exact dates depend on school schedules and have not yet been set.

WHAT WILL IT COST? : Costs will include the price of a passport, a round-trip airplane ticket and other expenses incurred outside of your host-home during your trip, such as souvenirs and necessities.

Belvidere Sister Cities Association will award a stipend of \$1,500.00 to each of the four teens chosen to assist with these expenses. Room and board will be provided by the host families.

HOW DO I APPLY? : **Applications will be accepted after January 1, 2017.** Applicants will fill out and return the following items to: Sister Cities Association of Belvidere, Illinois, Attention: Youth Exchange Program, PO Box 1822, Belvidere, IL 61008.

To be returned are:

- 1) A completed application,
- 2) A 100 to 150 word essay explaining **“Why I would like to be a Youth Ambassador”**
- 3) Three (3) letters of recommendation. Two of the three letters of recommendation should be from a teacher, counselor, minister or community leader. The third one can be from a friend.

The DEADLINE for receipt of the complete application is FEBRUARY 01, 2017.

WHAT THEN? : After reviewing all of the applications, the Selection Committee will contact each applicant to arrange for an interview. Interviews are scheduled for Monday, February 20, 2017.

IF CHOSEN: If selected to represent the Sister Cities Association of Belvidere as a Youth Ambassador, **proof of “Health and Personal Liability Insurance” will be required for participation in our program.**

Need further information? Contact:

Youth Exchange Coordinators:

Brad Peters (815) 547-4566

Kris Meek (779) 552-8384

Or visit us at:

belvideresistercities.org

Sister Cities Association of Belvidere, Illinois, Inc.



PO Box 1822, Belvidere, IL 61008 / belvideresistercities.org

YOUTH AMBASSADOR APPLICATION 2017

Photo

Date _____

I would like to be a Youth Ambassador to the following Belvidere Sister City:

_____ Schwieberdingen, Germany

_____ Vaux-le-Pénil, France

_____ Either city

Last Name: _____ First Name: _____ Sex: M F

Date of Birth: _____ I am a U.S. Citizen: yes _____

Name of School: _____ Grade: _____

Names of Parents: _____

Home Address: _____

My Home Phone: _____ Cell: _____ Email: _____

Father's Contact Phone : _____ Email: _____

Mother's Contact Phone: _____ Email: _____

Siblings-Name, Age & School: _____

List activities, hobbies, things you like to do: _____

Have you studied any foreign languages? Which ones and how many years?

1. _____ Yrs. 2. _____ Yrs.

Have you ever traveled outside the U.S.? _____ Where? _____

On a separate sheet of paper, please write an essay of 100 to 150 words that explains
“Why I would like to be a Youth Ambassador”.

For the Parents:

Health: Concerns, observations and precautions to take: _____

Other comments: _____

Signature: _____ Parent _____
(applicant)

Would your family consider hosting a teenager either this year or another year from one of our Sister Cities? _____

DIRECTIONS:

APPLICATIONS MUST BE RECEIVED BY FEBRUARY 01, 2017.

The complete application, including the essay and three letters of recommendation, must be received at the address below by February 01, 2017. If selected, proof of insurance will be required. Interviews will be conducted on Monday, February 20, 2017 unless other arrangements are made.

Please return your complete application to:

**Sister Cities Assoc. of Belvidere
Attention: Youth Exchange Program
PO Box 1822
Belvidere, IL 61008**

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