

## **POCATELLO SISTER CITIES YOUTH DELEGATION TO IWAMIZAWA, JAPAN**

During the middle of July, 2009, the Pocatello Sister Cities Committee will send a youth delegation to Iwamizawa, Hokkaido, Japan, our sister city, for a two week cultural exchange. The committee accepts applications from students who are currently in grades 9 through 12. The exact dates of the exchange will be determined at a later date.

**Applications must be received by the Committee no later than November 12, 2008.** The committee reserves the right to reject late applications. Letters of recommendation from a Personal and School Reference should be **sent directly to the subcommittee** by those making the recommendation. These letters should be from an Adult with current knowledge of your qualifications. **Please attach to your application a current photo.** Each applicant will be notified of the date and time of his/her interview appointment. A subcommittee will review applications, conduct interviews and select delegates.

This is a wonderful opportunity for students who are seriously interested in other cultures and who would be excited to make a long-term commitment to achieve the goal of a trip to Japan. Potential delegates will be expected to make the preparations for the trip a top priority from the time they are selected until the time they leave. It will be a requirement to attend weekly classes in Japanese culture and language. The date and time of the classes will be determined by the delegation leader and instructors.

**The cost for each delegate, in the past, has ranged from \$1,200 to \$1,600.** This cost includes plane fare, gifts for the host families and spending money while in Japan. To offset costs, the parents and delegates, under the leadership of the chaperone, will plan fund raising projects. Attendance at fundraisers will be required. **Parent involvement with fundraising activities will be expected.** Raising the funds is a great deal of hard work, but it is an opportunity of a lifetime and well worth the effort. **A first payment of \$300 will be due by the first meeting in February.**

Each delegate will be hosted by a separate family and will be expected to act as a member of that particular household, which would include experiencing Japanese food and following Japanese customs. The families treat the delegates as their own and great friendships are formed. Delegates will associate with one another during day excursions and various cultural activities provided by Iwamizawa officials.

For additional information phone:

Joan Sayer    237-6933

John Ketner    775-3228

**POCATELLO SISTER CITIES  
STUDENT EXCHANGE PROGRAM  
APPLICATION**



The primary purpose of the student exchange program of the Pocatello Sister Cities Committee is to facilitate a cultural exchange of students between our sister city, Iwamizawa, Hokkaido, Japan and Pocatello, Idaho.

**APPLICATION DUE DATE: NOVEMBER 12th, 2008**

PLEASE TYPE THIS FORM OR USE A WORD PROCESSOR TO DUPLICATE.

STUDENT: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

CURRENT GRADE LEVEL: \_\_\_\_\_ OVERALL GPA: \_\_\_\_\_

***LETTERS OF RECOMMENDATION (USE ENCLOSED REFERENCE FORMS)***

**1. SCHOOL REFERENCE:**

NAME: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

**2. PERSONAL REFERENCE:**

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

**Return application, and parent consent to:**

**(BY MAIL)**

**POCATELLO SISTER CITIES COMMITTEE**

**ATTN: Joan Sayer**

**2151 Diane Lane**

**POCATELLO, IDAHO 83201**

**Applications must be postmarked no later than November 8, 2008**

Why are you interested in being a participant in the exchange program with our sister city?

**IF SELECTED AS ONE OF THE DELEGATES:**

How would you benefit from this exchange experience & how would you help promote your experience to others?

How would you be a good ambassador for our city, state & country while visiting Japan?

What type of character image would you wish to leave with your new friends in Japan?

Why do you think it is important to establish a relationship with the adult leader before and during the trip?

What are your special interests and hobbies that you could share on your trip to Iwamizawa?

How would you fund your sister city trip? Do you have any fund raising ideas/experiences?

STUDENT SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

**SCHOOL REFERENCE FORM  
POCATELLO SISTER CITIES  
STUDENT EXCHANGE PROGRAM**

\_\_\_\_\_ has applied for the Pocatello Sister Cities Student Exchange Program and has given your name as a reference. Please provide a recommendation for the student that addresses such characteristics as maturity, cooperation, sincerity, enthusiasm, initiative, poise, and communication abilities. Please mail the recommendation to the address listed on the form as soon as possible.

**Note: Applications must be mailed by November 8, 2008.**

**PERSONAL REFERENCE FORM  
POCATELLO SISTER CITIES  
STUDENT EXCHANGE PROGRAM**

\_\_\_\_\_ has applied for the Pocatello Sister Cities Student Exchange Program and has given your name as a reference. Please provide a recommendation for the student that addresses such characteristics as maturity, cooperation, sincerity, enthusiasm, initiative, poise, and communication abilities. This form may be used (for additional space, use the back side of this page) or a separate letter would be welcomed. If this particular form is not used, please do not forget to answer the questions at the bottom of the page. Please mail the recommendation to the address listed on this form as soon as possible.

**Note: Applications must be mailed by November 8, 2008.**

**Mail To: Pocatello Sister City-Japan**

**Joan Sayer  
2151 Diane Lane  
Pocatello, Idaho 83201**

**Special Request:**

**If there should be additional, pertinent information (positive or negative) that you would like to convey to the Selection Committee, please call Joan Sayer at (208) 237-6933.**

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How long have you known this person? \_\_\_\_\_

In what capacity? \_\_\_\_\_

Your name \_\_\_\_\_ Position/title \_\_\_\_\_

Phone Number Home \_\_\_\_\_ Work \_\_\_\_\_

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

**TEACHER EVALUATION FORM  
POCATELLO/IWAMIZAWA SISTER CITY**

Student Exchange Program 2009

The Pocatello Sister City Foundation was incorporated in 1987 and has since been selecting high school students to represent Pocatello to our Sister City in Iwamizawa, Japan. The students live with a host family for two weeks. It's essential that the students selected be capable of adapting to many cultural differences.

We value your comments, and as you complete this form, be assured that the information given will be confidential and available only to the Pocatello Sister City "Selection Committee" members.

**STUDENT:** Fill in your name and the name of the teacher that you have chosen to give you a recommendation. The form is to be given to the teacher with a stamped, addressed envelope with a reminder that the evaluation is due by November 12, 2008.

**TEACHER:** (Please allow four (4) days for mailing)

Mail to:

Pocatello Sister City-Japan Committee

Joan Sayer

2151 Diane Lane

Pocatello, Idaho 83201

PLEASE USE BLACK INK ONLY

Student's Name:

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Teacher's Name:

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How long have you known this student and in what context?

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What are the first words that come to your mind that would describe this student?

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List the courses that you have taught this student; rate the difficulty. (accelerated, honors, elective, etc.)

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Please check the appropriate box for student \_\_\_\_\_:

<b>RATING</b>	<b>No Basis</b>	<b>Below Average</b>	<b>Average</b>	<b>Very Good</b>	<b>Excellent</b>	<b>One of the Best Ever</b>
Maturity						
Motivation						
Communication Skills						
Flexible Attitude						
Sense of Humor						
Self Confidence						
Leadership Abilities						
Consideration of Others						
Independence						
Reliability						

**SPECIFIC QUESTIONS** (answer only if you feel qualified to do so):

1. How do you think this student would adjust to living with a host family for two weeks?

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2. From your observations, how do other teachers and students perceive this student socially?

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3. Are there any specific reasons we should select this student over any other student?

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4. Are there any specific reasons we should not select this student?

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5. Other remarks:

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**Special Request:**

If there should be additional, pertinent information (positive or negative) that you would like to convey to the Selection Committee, please call Joan Sayer at (208) 237-6933.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
School and Department

\_\_\_\_\_  
Date