



**Greater Lafayette Sister City Student Exchange Program  
Ota City, Japan  
Criteria and Application**

The Lafayette Sister City Student Exchange Program is open to Greater Lafayette youth who complete this application, reside in the region and are incoming or current high school students, along with recent graduates. We are seeking students that would like to experience Ota City, Japan. The date for the exchange is July 9<sup>th</sup>-17<sup>th</sup>.

The Greater Lafayette Sister City Student Exchange Program Committee will select the participants based on a student's:

- **Interest in Japan**
- **Creativeness of their application response**
- **Commitment to attend the two mandatory pre-trip meetings**

*To apply:*

1. **Complete this application and a 2-page essay** (double-spaced, 12pt font) about why you'd like to participate in the program.
2. Please complete and sign a copy of this application.
3. Obtain your parent's or legal guardian's signature, giving you permission to participate.
4. Mail, email, or deliver the application with a printed photograph of yourself, so it's received by March 29, 2024, to:

**Greater Lafayette Commerce  
Attn: Collin Huffines  
337 Columbia Street  
Lafayette, IN 47901**

[chuffines@greaterlafayettecommerce.com](mailto:chuffines@greaterlafayettecommerce.com); 765-742-4044

Valid U.S. Passport information must be provided no later than May 1<sup>st</sup> to be eligible. (Please keep in mind how long it takes to obtain a passport)

<i>Name:</i>		<i>Age:</i>
<i>School:</i>		<i>Grade:</i>
<i>Address:</i>		<i>Zip:</i>
<i>Phone:</i>	<i>Text- Yes</i>	<input type="checkbox"/>
	<i>No</i>	<input type="checkbox"/>
<i>Email Address:</i>		

<i>Parent/Guardian Name:</i>
<i>Parent/Guardian Phone:</i>
<i>Parent/Guardian Email:</i>

Gender:      Male  Female

Do you have any dietary restrictions and/or allergies?      Yes  No

If yes, please list all dietary restrictions and allergies:

Are you allergic to any medications? Yes  No

If yes, what medications?

Do you have medical insurance? Yes      No

If yes, does it cover international travel?      Yes  No

Do you have a history of criminal activity?      Yes  No

**Expenses and Travel Fees:**

The participant and their parents/legal guardians will be responsible for the participants travel cost. The current trip cost estimates are \$3,500 per student, but we are working with local government and industry partners for financial assistance to significantly decrease that cost. This will include flight, travel insurance and other travel expenses. Travel insurance and the plan level is optional and not required to participate. There is a \$500 deposit that is required at the time of the application deadline on March 29, 2024. Incremental payments will be allowed after the initial deposit, but the balance of your trip must be paid by June 1<sup>st</sup>. The amount does not cover incidental expenses or souvenirs. You will be staying in the home of a traditional Japanese family.

***Please visit [travel.state.gov](https://travel.state.gov) for more details on the process of obtaining a valid U.S. passport.***

***All fees for travel must be paid by June 8<sup>th</sup> to go on this trip.***

**Short Answer Questions:**

*Why are you interested in representing Greater Lafayette in Japan?*

*What personal skills and characteristics do you possess that would make you a good Candidate?*

*How did you learn of the Sister City Student Exchange Program?*

*What do you expect to learn from the experience if you are selected?*

*Do you speak Japanese?*

*Have you been to Japan before?*

*Has your family ever hosted an exchange student?*

**References and Signatures:**

Please list two adult references, people who have known you and worked with you in school or non-school activities.

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Name	Address	Email (Optional)	Telephone
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Name	Address	Email (Optional)	Telephone
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**Student Signature**

I understand the time commitment required for the Greater Lafayette Sister City Student Exchange Program

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Signature	Date
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**Parent/Legal Guardian Permission**

I give my permission for \_\_\_\_\_ to seek acceptance to the Greater Lafayette Sister City Student Exchange Program and allowing them to participate if accepted.

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Parent/Guardian Signature	Date
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Parent/Guardian (Print)