



Long Beach-Yokkaichi Sister City Association

"Building Leaders for the 21st Century"



2024 Trio Exchange Program Yokkaichi, Japan

STUDENT APPLICATION FORM

Use "X" to fill in where applicable

To complete by computer, use Tab key to move to the next field.

1. NAME: _____
Last First Middle
(as it appears on your passport or birth certificate.)
2. ADDRESS: _____
Street Address City, State Zip
3. PHONE #s: _____
Home Day Cell
4. E-MAIL: _____
5. GENDER (X): M_____ F_____ Age_____ Date of Birth_____
6. BIRTHPLACE: _____
City State or Country Area Raised
COUNTRY OF CITIZENSHIP: _____
7. FATHER/GUARDIAN: _____
Last First Business phone
OCCUPATION: _____
Employer Position
8. MOTHER/GUARDIAN: _____
Last First Business phone
OCCUPATION: _____
Employer Position

9. PARENT'S HOME ADDRESS (if different from yours):

Check one (X): Father_____ Mother_____

ADDRESS: _____
Street City, ST, Zip

10. SIBLINGS:

Gender and Ages: _____

11. LIST ANY ALLERGIES:

12. LIST ANY MEDICAL CONDITIONS:

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13. LIST ALL SCHOOLS ATTENDED IN CHRONOLOGICAL ORDER:

<i>Name of Institution / Location</i>	<i>Dates Attended</i>

14. Have you lived or studied overseas? If so, please indicate the location, purpose, and length of stay.

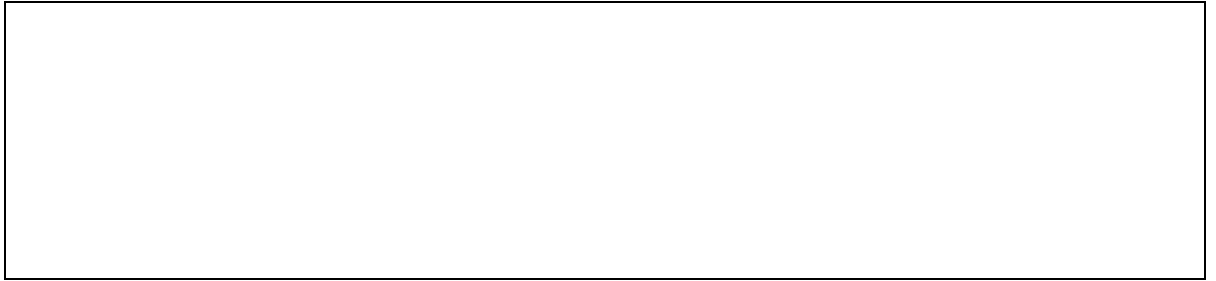
15. Describe what experiences you have or have had with languages other than English.

16. Describe experiences you have or have had with Japanese language and culture.

17. Do you play any musical instruments?

18. List extracurricular activities in which you participate. If applicable, state positions and responsibilities you hold.

19. List hobbies and/or special interests:



20. Explain why you want to participate in the Trio program (use extra sheets, if necessary).



By checking the box below, you may type in your full name below instead of signing your name.

☐ Electronic Signature By Signing. I affirm under penalty of perjury that the information herein is true and correct and that I am authorized by California law to sign.

I certify that I have read and understood the description and the responsibilities and the instructions for applicants.

Signature: _____ Date: _____
Type your name if you checked the Electronic Signature by Signing box.

**COMPLETED APPLICATION MUST BE RECEIVED NO LATER THAN
DEADLINE OF FRIDAY, MARCH 22, 2024, 5:00pm (postmarked).**

Please E-MAIL or FAX Application with ALL Supporting Documents

To: Mike Vaughn. President
Long Beach -Yokkaichi Sister City Association
1198 Pacific Coast Hwy, D347
Seal Beach, CA 90740

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Fax: 562-684-4459

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