## Environmental Summit Program in Yokkaichi, Japan

## **Student Application Form**

Use "X" to fill-in where applicable.

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

NAME: F Last Name F (as it appears on your passport or birth ce	First Name ertificate.)	Full Middle
ADDRESS: Street, City, ST, Zip		
PHONE #s: Day	,	Cell
E-MAIL:		
GENDER: M F Age	_ Date of Birth	
BIRTHPLACE: City, State or Country	A	rea Raised
COUNTRY OF CITIZENSHIP:	<u> </u>	
PASSPORT NUMBER:	Valid Through: _	
FATHER/GUARDIAN:Last Name	First Name	Contact Phone
OCCUPATION:Employer	Position	
MOTHER/GUARDIAN:Last Name	First Name	Contact Phone
OCCUPATION:	Position	

9.	PARENT'S HOME ADDRESS (if different from yours):	
	Check one: Father Mother	
	ADDRESS:Street, City, ST, Zip	
10.	SIBLINGS: List gender and ages	
11.	LIST ALL SCHOOLS ATTENDED IN CHRONOLOGICAL ORDER:	
	Name of Institution / Location	<u>Dates Attended</u>
12.	If needed, use extra sheets on any of the following: LIST ANY ALLERGIES:	
13.	LIST ANY MEDICAL CONDITIONS:	
14.	Have you lived or studied overseas? If so, please indicate the locatio stay.	n, purpose, and length of

	wnat experience	es you have or h	nave had with	ianguages oth	er than Englis	n.
escribe	experiences you	ı have or have h	ad with Japan	ese language	and culture.	
o you p	lay any musical	instruments?				
st any e	extracurricular a	ctivities and your	r positions, if a	nny:		

19.	List hobbies and/or special interests.				
	What are your current plans or commitments for this Summer? (Vacation, work, camp, school, etc.). List dates, if known.				
By ch	necking 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 nd correct and that I am authorized by California law to sign.				
I certif	y that I have read and understood the description and the responsibilities and the ctions for applicants.				
Signa	ture: Date: your name if you checked the Electronic Signature by Signing box.				
iype :	your name if you checked the Electronic Signature by Signing box.				

Completed Application & ALL supporting documents MUST be submitted ASAP OR NO LATER THAN DEADLINE OF FRIDAY, MARCH 21, 2025, 5:00pm.

## Please E-MAIL or FAX Application ALL Supporting Documents

To: MTo: Aki Vaughn, Co-chair Long Beach -Yokkaichi Sister City Association 1198 Pacific Coast Hwy, D347 Seal Beach, CA 90740 Phone: 562-234-5702

Fax: 562-684-4459 Email: akivaughn95@gmail.com