



[This form may be copied.]

## Eugene-Jinju(Chinju) Sister City Committee Exchange Program

(<http://www.eugene-chinju.org>, or [facebook.com \(Eugene-Jinju\)](https://www.facebook.com/Eugene-Jinju))

Six students (and one adult chaperone if necessary ) from Eugene-Springfield area will fly to Jinju, Republic of Korea on July 17, 2016 and return on July 31, 2016. The actual date of traveling and the duration can be adjusted to accommodate students' needs for other summer activities. Applicants must be at least 15 years old and have finished 9th grade. Preference will be granted to students completing 10th grade in June 2016.

Exact expenses are not yet known, but we anticipate the travel expenses of approximately \$1,900 per student including 2-nights-3-days tour of Seoul, fully payable within one week of acceptance of this application to confirm the seat. These expenses will cover the cost of air and ground transportation from Eugene to Seoul and onward to Jinju, and lodging and meal costs for the entire two weeks. The value of the trip is about \$4,000, but host families and the city of Jinju, Korea subsidize most of the expenses. The students will be hosted in Jinju by volunteers of our sister city. Each student will be responsible for acquiring a valid U.S. passport and his or her own spending money.



**This application with non-refundable application fee of \$50 is accepted no later than April 30, 2016 by:**

**Candace Shorack, President  
Eugene-Chinju Sister City Committee  
1661 Stoney Ridge Rd.  
Eugene, OR 97405**

**Inquiry to Ki-Won Rhew @541-344-4464/868-6505,  
[kiwon@rhew.us](mailto:kiwon@rhew.us)**



## Eugene-Chinju Sister City Committee Exchange Program

### Student Form

Application to be completed by the student and submitted no later than April 30, 2016 to Candace Shorack, ECSCC, 1661 Stoney Ridge Rd., Eugene, OR 97405 for possible acceptance as a candidate for the Eugene-Chinju Sister City Committee Exchange Program.

Name	Sex	
Address		
Date of Birth (day/month/year)	Age	Grade
Place of Birth		
Citizenship	Telephone	e-mail
Parents(s) or Guardian( s)	e-mail	
Address (if different)		
Occupation		
Name of School You attend		
School Address		
School Interests and Activities		
Accomplishments and Hobbies		
Religious preference of host family (no guarantee in matching)		
Have you ever been away from home? If so, how long, destination, and for what purpose?		

\_\_\_\_\_

Please attach a short statement (400 words or less, length is not critical) on why you would like to go to Jinju, Korea for this short exchange.

Please have your parents/guardians sign here to indicate their willingness that you participate in this exchange program:

\_\_\_\_\_  
(print name)

\_\_\_\_\_  
(print name)

**Eugene-Jinju Sister City Committee  
Exchange Program  
Youth Ambassador Applicant Family Questionnaire**

**This information is NOT used for selecting applicants. Having this information WILL streamline the efforts of our Sister City Committee volunteers to plan a wonderful time in early August for your student and his/her Korean Host Sisters and Brothers!**

**Student Name:**

Cell Phone: \_\_\_\_\_ Student email address: \_\_\_\_\_

**Student lives with:**  Father & Mother  Father  Father & \_\_\_\_\_  Mother  Mother & \_\_\_\_\_  
 Guardian  Other/s \_\_\_\_\_

(Please specify relationships of adults who will want to be involved in this student's experience)

**Family Information:** (Please provide for all those who will be involved in your student's experience)

Father & Mother  Father  Mother  Guardian  Other/s

Parent(s) Names:

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

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Father  Mother  Guardian  Other/s

Parent Name:

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

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Father  Mother  Guardian  Other/s

Parent Name:

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

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Father  Mother  Guardian  Other/s

Parent Name:

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

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**Electronic Parental Contact Information:**

Father  Mother  Guardian  Other \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

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Father  Mother  Guardian  Other \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

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Father  Mother  Guardian  Other \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

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Father  Mother  Guardian  Other \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

## Information regarding Student's Primary Residence:

Names of children living in student's primary home (including applicant)	Age:	Sex:	Grade in school:

Youth Ambassadors must have their own bed but can share a bedroom with a same sex host family member.

Is your family able to provide housing for one Youth Ambassador?  Yes  No

Is your family able to provide housing for two Youth Ambassadors?  Yes  No

Will the student share a bedroom?  Yes  No

Does anyone in your family smoke?  Yes  No

What animals do you have at home or on your property?

### **FAMILY INTERESTS:** *(Choose any that your family enjoy or actively participate in)*

- |   |   |
|---|---|
| <input type="checkbox"/> Reading              | <input type="checkbox"/> Social dancing   |
| <input type="checkbox"/> Watching TV          | <input type="checkbox"/> Soccer           |
| <input type="checkbox"/> Playing board games  | <input type="checkbox"/> Basketball       |
| <input type="checkbox"/> Gardening            | <input type="checkbox"/> Singing          |
| <input type="checkbox"/> Photography          | <input type="checkbox"/> Indoor games     |
| <input type="checkbox"/> Swimming             | <input type="checkbox"/> Chess            |
| <input type="checkbox"/> Computers            | <input type="checkbox"/> Popular music    |
| <input type="checkbox"/> Skiing               | <input type="checkbox"/> Classical music  |
| <input type="checkbox"/> Fishing              | <input type="checkbox"/> Painting/drawing |
| <input type="checkbox"/> Horseback riding     | <input type="checkbox"/> Museums          |
| <input type="checkbox"/> Sewing               | <input type="checkbox"/> Concerts         |
| <input type="checkbox"/> Social clubs         | <input type="checkbox"/> Symphony         |
| <input type="checkbox"/> American football    | <input type="checkbox"/> Ballet dancing   |
| <input type="checkbox"/> Aerobic exercising   | <input type="checkbox"/> Foreign Language |
| <input type="checkbox"/> Political groups     | <input type="checkbox"/> Jogging          |
| <input type="checkbox"/> Religious activities | <input type="checkbox"/> Baseball         |
| <input type="checkbox"/> Drama                | <input type="checkbox"/> Tennis           |
| <input type="checkbox"/> Church               | <input type="checkbox"/> Playing musical  |
| <input type="checkbox"/> Volleyball           | instrument: _____                         |
| <input type="checkbox"/> Debating             | <input type="checkbox"/> Other: _____     |
| <input type="checkbox"/> Going to movies      | _____                                     |
| <input type="checkbox"/> Playing cards        | _____                                     |
| <input type="checkbox"/> Collection           |   |
| <input type="checkbox"/> Cycling              |   |
| <input type="checkbox"/> Hiking/backpacking   |   |
| <input type="checkbox"/> Camping              |   |
| <input type="checkbox"/> Charity              |   |
| <input type="checkbox"/> Cooking              |   |
| <input type="checkbox"/> Ice-skating          |   |

Has your family hosted international students before?  Yes  No

**Youth Exchange Activities:**

Would you be able to escort the Youth Ambassador group to local activities/tours on the weekend?

Yes  No  Maybe

Would you be able to escort the Youth Ambassador group's full day tours/activities for one or two weekdays?  Yes  No  Maybe

Would you be able to escort the Youth Ambassador group to evening activities?

Yes  No  Maybe

Eugene-Chinju Sister City Committee Exchange Program  
Confidential Teacher Recommendation

Name of Candidate: \_\_\_\_\_

Dates in your class: \_\_\_\_\_

School (name/address) \_\_\_\_\_

Please give your frank evaluation of the above candidate with respect to:

Intellectual curiosity

Self discipline

Initiative and determination

Integrity

Personality

Concern for others

Term grade you have given candidate: \_\_\_\_\_

Additional comments will be appreciated. Please feel free to use the space below and the back of this page.

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

**This form must be completed and turned in  
no later than April 30, 2016 to:**

**Candace Shorack, President  
Eugene-Chinju Sister City Committee  
1661 Stoney Ridge Rd.  
Eugene, OR 97405**

**Inquiry to Ki-Won Rhew @ 541-344-4464/868-6505,  
[kiwon@rhew.us](mailto:kiwon@rhew.us)**

# Eugene-Chinju Sister City Committee Exchange Program Confidential Counselor Recommendation

Name of Candidate: \_\_\_\_\_

Dates in your school: \_\_\_\_\_

School (name/address): \_\_\_\_\_

Please give your frank evaluation of the above candidate with respect to:

Intellectual curiosity

Self discipline

Initiative and determination

Integrity

Personality

Concern for others

Please attach applicant's current transcript to this application.

Additional comments will be appreciated. Please feel free to use the space below and the back of this page.

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

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