



ATAD

Association For Teen-Age Diplomats

Americans Overseas Exchange Student Program Application

1. Schools provide students with general information about being an exchange student, programs available, and financial information. The student reviews this information with parents and obtains parental permission to apply for the ATAD exchange program.
2. Students interested in applying for an ATAD exchange program must complete an application packet.
3. The application packet must be returned to the ATAD Vice-President for Americans Overseas, POSTMARKED BY DECEMBER 31st.
Sharon Garofanello
6876 Chestnut Hill
Victor, NY 14564
4. All applicants must complete the Financial Aid Questionnaire on page 20. Those applying for Financial Aid must also complete the Financial Aid Application on pages 21 – 25. Completed Questionnaire and Application (if applicable) must be sent to the ATAD Treasurer, POSTMARKED BY DECEMBER 31st.
Mr. Dean Ekberg, ATAD Treasurer
212 S. Fitzhugh Street
Rochester, NY 14608

Financial aid will be awarded by mid-February. All financial information is kept strictly confidential.

Late applications may be accepted until March 1st, however, late applicants should be aware that country choices may be limited and financial aid will not be available.

The application includes:

- A. **Student Application - Form A**
- B. **Placement Information - Form B**
- C. **Health Information - Form C** - The student must have had a physical examination within 12 months of the program departure date. The Health Form may be brought to the Regional Interview or submitted at a later date. Final acceptance and country placement cannot be made without this form.
- D. **Medical Insurance - Form D** - Every student is required to maintain adequate medical insurance for both accident and illness while overseas. If your current coverage is not adequate, or if you wish to purchase additional coverage, ATAD has information on alternate insurance programs.

- E. **Reference - Form E - *Three*** references are required. Please give this form to 2 major subject teachers. One must be a foreign language teacher if there is a language requirement for the program to which you are applying. Please give a third form to any other adult who knows you well and who is not a family member, e.g. scout leader, neighbor, work supervisor.
- F. **School Evaluation - Form F** - Please give this form to your school Guidance Counselor or Vice-Principal.
- G. **Request for Transcripts - Form G** - School transcripts from the last four academic semesters must be included. Year and semester students should have a minimum grade point average of a B- (81% or 2.7 on a 4.0 scale). Students applying for the summer program should have a minimum grade point average of a C (75% or 2.0 on a 4.0 scale).
- H. **Student and Parent Letters - Form H**
- I. **Preliminary Hosting Information - Form I** - All students and their families are asked to assist with the ongoing need to find qualified Host Families, to afford International Students from overseas the same opportunity that your son/daughter will have to enjoy an exchange experience.
- J. **Financial Aid Questionnaire – Form J** – Complete this form even if you are not applying for financial aid (see instructions on form).
- K. **Financial Aid Application – Form K** – Complete this form *only* if you are applying for financial aid. Student and Parent financial information must be provided.
- L. Photographs - Print your name on the back of each photo. Note photographs cannot be returned. Four class pictures or home photos showing head and shoulders only, 2"x2". Two informal snapshots. These may be with family, friends, pets, or in activities you enjoy. Be sure to identify yourself if there are others in the photograph.
- M. Two long (legal size), self addressed, stamped envelopes
- N. Check for \$65 made payable to ATAD - This is a non-refundable application fee.

- 5. Candidates meet with the ATAD Interview Committee for a personal interview on a Sunday afternoon in mid-January. SAVE THIS TIMEFRAME NOW. Hosting needs are discussed with parents at that time.
- 6. Notification of acceptance can be expected by the first week of February. For the 4+4 programs, acceptance can be expected by the end of February after a Host Family interview.
- 7. Students will receive a bill and notification of financial aid for the program with their acceptance letter. The cost of all programs is \$4,950, to be paid as follows: 50% due March 10th and 50% due April 10th.

8. Please direct any questions to Sharon Garofanello
6876 Chestnut Hill^[11]_[SEP]
Victor, NY 14564

or visit our website at: www.ATAD.org

ATAD AMERICANS OVERSEAS PROGRAM OVERVIEW

COST: \$4,950 for All Programs

SUMMER	SEMESTER	YEAR
Arequipa/Iquitos, Peru	Arequipa/Iquitos, Peru	
Bamako, Mali		
Caltanissetta, Italy		Caltanissetta, Italy
Majorca, Spain		
Novgorod, Russia	Novgorod, Russia	
Krakow, Poland		Rennes, France
Würzburg, Germany		Würzburg, Germany
AGE REQUIREMENT: Age at time of departure:		
15½ - 18 ½	16 – 18½	16 – 18½
GRADE COMPLETED: At time of departure:		
9 th - 12 th	10 th - 12 th	10 th - 12 th
PROGRAM LENGTH:		
6-7 weeks	6 months (Jan-June)	10 months (Aug-June)

Language Requirements:

2 high school credits of Spanish for Arequipa and Iquitos, Peru and Majorca, Spain. **

2 high school credits of French for Rennes, France. **

2 high school credits of Italian or Spanish for Caltanissetta, Italy. **

2 high school credits of French for Bamako, Mali. **

German proficiency for Würzburg, Germany year; German language not required to apply, but must gain some level of familiarity with German prior to departure.

** An interview will be conducted to assess language proficiency.

Grade Requirements: minimum of C (75% or 2.0) for last 4 semesters for summer

minimum of B- (81% or 2.7) for last 4 semesters for semester and year programs

Costs: **The ATAD program fee (\$4,950) covers** round trip transportation from Rochester. Financial aid is available to offset some of the program cost. The Host Family provides housing and food.

The ATAD program fee does not cover the following variable expenses: personal expenses (phone calls, postage, recreation, clothing, etc.); medical expenses (insurance, medical, optical and dental expenses not covered by insurance, inoculations, etc.); passport and visa; school expenses required by the school (transportation, uniforms, books, laboratory fees, etc.). A student will not be placed in a school that requires the payment of tuition. Note if a student is dismissed from the program, either voluntarily or involuntarily, ATAD is not responsible for any additional charges, transportation or other, for the student to return home.

Hosting: ATAD sponsors exchanges with Rochester Sister City and Direct Exchange Programs: not only do we send American students overseas, but we also receive International Students into the Monroe County area, for whom Host Families must be found. Students and their families are asked to consider the unique opportunity of hosting one of these students, or to assist with the ongoing need to find qualified Host Families, to afford International Students the same opportunity to enjoy an exchange experience that your son or daughter may have.



ATAD

CHECK LIST

Association For Teen-Age Diplomats

Please include this checklist with your completed application.
All applications must be postmarked by 12/31.

Name: _____ School: _____

_____ Application (Form A)

_____ Placement Information (Form B)

_____ Health Information (Form C)

_____ Medical Insurance (Form D)

_____ Reference (Form E) – 3 references - List to whom you gave the references and if they are enclosed or will be mailed by evaluator:

Name _____ Mailed Enclosed

Name _____ Mailed Enclosed

Name _____ Mailed Enclosed

_____ School Transcripts (Form G) - four full semesters of grades: Mailed by School Enclosed

_____ Student Letter to Host Family (Form H)

_____ Parent(s) Letter(s) to Host Family (Form H)

_____ Preliminary Host Family Information (Form I)

_____ Financial Aid Questionnaire (and Application if applicable) (Forms J and K) - **sent to ATAD Treasurer no later than 12/31**

_____ SIX Photographs (non-returnable) - name printed on the back of each photo

_____ TWO Legal-Size, Self-Addressed, Stamped Envelopes

_____ CHECK for \$65 Made Payable to ATAD - non-refundable application fee

ATAD USE ONLY		
COUNTRY: 1 ST		
2 ND		
SUM _____	SEM _____	YEAR _____
INTERVIEW DATE _____		
TIME _____	ROOM _____	
DATE ACCEPTED _____		
FILE COMPLETE _____		



ATAD

FORM A

Association For Teen-Age Diplomats

EXCHANGE STUDENT APPLICATION

INSTRUCTIONS

Carefully review the exchange program details and requirements with your family and school. Using the ATAD Americans Overseas Program List, ATAD Program Description, and other information provided by the school, decide on your country choice(s) and program length. Complete this form and have it signed by your parent/guardian as permission to participate in the program(s) designated. **PLEASE PRINT IN BLACK INK.**

A. STUDENT INFORMATION

Full name as it appears on passport: Last First Middle Nickname

Home Address: Street City State Zip

() Gender: Male Female

Home Phone (with area code) Student E-mail Address

Birth Date: Month/Day/Year Place of Birth: City County State Country

Are you a U.S. Citizen? Yes No If no, what is your country of citizenship? _____

If no, do you have a U.S. residence permit? Yes No

If no, do you have a passport from your country of citizenship? Yes No

How did you learn about the ATAD program? _____

B. FAMILY INFORMATION

I live with (check appropriate boxes):

Mother & Father Father Mother Guardian Step-Parent Other, specify _____

Complete the section below as it pertains to your family, even if the parent does not live with you:

Father's Name () Father's Cell Phone Number Father's E-mail Address(es)

Father's Address: Street City State Zip () Father's Home Phone

Father's Occupation Title Employer () Father's Work Phone

Mother's Name () Mother's Cell Phone Number Mother's E-mail Address(es)

Mother's Address: Street City State Zip () Mother's Home Phone

Mother's Occupation Title Employer () Mother's Work Phone

Other Guardian(s) Name(s), if applicable () Cell Phone Number(s) E-mail Address(es)

Other Guardian(s) Address: Street City State Zip () Home Phone

Other Guardian(s) Occupation(s) Title(s) Employer(s) () Work Phone(s)

Brothers' and sisters' names (and ages):

C. SCHOOL INFORMATION

School Name _____ Academic GPA (Last 4 Semesters) _____ Anticipated Graduation Date (Month/Year) _____
School Address: Street _____ City _____ State _____ Zip _____ Phone _____

D. PROGRAM INTEREST

I would like my exchange program to last for (check one): Summer Semester Year

I am interested in the following country: _____. If this country is unavailable to me, I would like to be considered for the following countries (list in order of preference):

1. _____ 2. _____ 3. _____

E. FOREIGN LANGUAGE STUDY

Some countries require previous language study. Please list all foreign languages and your competency in each using the following abbreviations: Excellent = E, Good = G, Limited = L, Poor = P

Language	Years Studied	Speaking	Reading	Writing
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

F. EMERGENCY INFORMATION

In case of an emergency and my family cannot be reached, please contact:

Name: Last _____ First _____ Relationship _____

Cell phone _____ Home phone _____ Work phone _____

Address: Street _____ City _____ State _____ Zip _____

G. ACKNOWLEDGMENT

I understand that my son/daughter is applying for the ATAD Exchange Student Program, and support him/her in this decision. We ask for your consideration of this application. I agree that ATAD may use my son's/daughter's name and photograph for informational and promotional purposes.

Signature of Father or Guardian _____

Signature of Mother or Guardian _____

Signature of Applicant _____

Date _____



ATAD

FORM B

Association For Teen-Age Diplomats

PLACEMENT INFORMATION

A. SPECIAL INTERESTS, ACTIVITIES, AND RESPONSIBILITIES

1. What kind of activities do you and your family do together? How often?

2. What are your responsibilities at home?

3. What musical instruments, if any, do you play?

Instrument _____ How Long _____ How Often _____

Instrument _____ How Long _____ How Often _____

4. What sports, if any, do you participate in?

Sport _____ How Long _____ How Often _____

Sport _____ How Long _____ How Often _____

Sport _____ How Long _____ How Often _____

5. What other activities do you participate in (i.e. clubs, hobbies, jobs, volunteer activities, etc.)?

Activity _____ How Long _____ How Often _____

Activity _____ How Long _____ How Often _____

Activity _____ How Long _____ How Often _____

Activity _____ How Long _____ How Often _____

6. Please list in order of importance any interests/activities which you would like to continue while overseas.

7. What are your career plans? _____

8. Describe any previous travel experience outside the U.S., if any.

B. RELIGIOUS AFFILIATION

9. Religion (be specific, e.g. Baptist, Lutheran, Orthodox Jewish, Roman Catholic, Muslim): _____
10. How often do you currently attend religious services?
 Once or more a week Occasionally Seldom Never
11. Are you interested in attending religious services in your host country?
 My own My host family's even if different I do not wish to attend
How often? Weekly Occasionally Never

C. HEALTH AND DIETARY NEEDS

To assist ATAD in making appropriate placement, please indicate if you have any special needs or restrictions:

12. Do you observe any dietary restrictions (medical, religious, vegetarian, etc.) which you plan to continue overseas?
 Yes No If yes, what are they? If a vegetarian, be very specific about what foods you will and will not eat. It is increasingly difficult to find host homes for vegetarians; the more rigid your dietary restrictions, the more difficult it can be to find a home. _____

13. Are you currently taking any prescription, over-the-counter, or homeopathic medication (oral, nasal, topical, injection) which you will continue overseas? Yes No Will you bring medication with you? Yes No
Explain condition and type of medication: _____

14. Do you have any health restrictions, physical or learning disabilities, or other limitations that could affect your participation in sports or other activities, or that could affect your placement with a Host Family? Yes No
If yes, explain: _____

15. Have you had a prolonged illness? Yes No If yes, explain: _____

16. Have you participated in counseling or therapy in the past two years? Yes No If yes, explain: _____

17. Do you have any allergies? Yes No If yes, what type of allergies do you have (e.g. hay fever, foods, animals, climate, etc.)? Please be very specific, including any treatment required or medications you will take with you.

18. Would you be able to live in a home with pets? Yes No If no, why? Please be very specific. _____

19. Do you smoke? Yes No
If yes: Frequent (more than 10 cigarettes per day) Moderate (5 to 10 per day) Infrequent (4 or less per day)
If yes: I understand that there may be laws restricting smoking in my host country, host school or that my host family may have objections regarding smoking in their home. I agree to honor these laws or restrictions.

Student signature if in agreement with above statement
20. Can you live in a home where other people smoke? Yes No Note: Smoking is very common in some cultures. The more rigid you are in this respect, the more difficult it may be to find a suitable host home. Checking "No" may not guarantee that no one in your host home will smoke, unless you have a documented medical requirements.
If no, why? _____
21. Many placements require that you share a bedroom. Would you be willing to share a room? Yes No
If no, explain why: _____



ATAD

FORM C

Association For Teen-Age Diplomats

HEALTH INFORMATION

RELEASE

Our son/daughter has our permission to apply and take part in the Association for Teen-Age Diplomats International Exchange Student Program. As the applicant's parents or guardians, we authorize ATAD or the Host Family to act for us in any emergency, accident or illness our son/daughter may incur as a participant in the ATAD program. We further authorize the release of the following medical information.

Signature of Parents or Guardians _____ Date _____

Signature of Applicant _____ Date _____

CERTIFICATE OF DENTAL HEALTH

(For year and semester students only.)

I have examined the teeth of this student and certify that:

- They are in satisfactory condition
- The following conditions and treatments have been diagnosed: _____

Dentist's Signature: _____ Date: _____

Dentist's Name Printed: _____ Phone: (____) _____

Dentist's Address: _____

CERTIFICATE OF GENERAL HEALTH

This student will be participating in an exchange program which involves living overseas with a host family. Please provide detailed information on any condition that could: 1) impact the home chosen for the student or his/her adjustment to another culture; 2) restrict participation in activities; or 3) possibly require treatment overseas.

Please print legibly in **BLACK INK**. Upon completion of this form, return it to the student. Thank you for your assistance.

1. Student's Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

2. Date of examination: _____ Age: _____ Gender: Male Female Height: _____ Weight: _____

Blood Pressure: Sys: _____ Dia: _____ Pulse Rate: _____ Regular? Yes No

Are reflexes normal? Pupils: Yes No Knees: Yes No Other: _____

3. Vaccination Record: Immunizations and Administration Dates (Month/Day/Year):

Diphtheria/Tetanus/Pertussis Dates: _____

Hepatitis A Dates: _____ Hepatitis B Dates: _____

Poliomyelitis Dates (Trivalent Oral Polio Vaccine): _____

Measles Dates: _____ Rubella Date: _____ Mumps Date: _____

Varicella (Chickenpox) Dates: _____

Additional comments by physician pertaining to immunization of student: _____

Tuberculosis: Has student received BCG/TBC vaccine: Yes Date administered: _____

No If no, Skin Patch Date: _____ Pos Neg OR Chest X-Ray Date: _____ Pos Neg

Has the student ever received treatment, attention, or advice from a physician or other practitioner for:

- | | | | |
|-------------------------------------|--|------------------------------------|--|
| a. Allergies * | <input type="checkbox"/> Yes <input type="checkbox"/> No | l. Emotional Difficulties | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Eating Disorders (e.g. Anorexia) | <input type="checkbox"/> Yes <input type="checkbox"/> No | m. Pneumonia | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Asthma | <input type="checkbox"/> Yes <input type="checkbox"/> No | n. Ulcers | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Appendicitis | <input type="checkbox"/> Yes <input type="checkbox"/> No | o. Rheumatic Fever | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Had Appendix Removed | <input type="checkbox"/> Yes <input type="checkbox"/> No | p. Scarlet Fever | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f. Arthritis | <input type="checkbox"/> Yes <input type="checkbox"/> No | q. Serious or Persistent Cough | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| g. Cancer | <input type="checkbox"/> Yes <input type="checkbox"/> No | r. Serious or Persistent Headaches | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| h. Diabetes | <input type="checkbox"/> Yes <input type="checkbox"/> No | s. Smallpox | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| i. Epilepsy | <input type="checkbox"/> Yes <input type="checkbox"/> No | t. Tuberculosis | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| j. Hernia | <input type="checkbox"/> Yes <input type="checkbox"/> No | u. Typhoid Fever | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| k. Malaria | <input type="checkbox"/> Yes <input type="checkbox"/> No | v. Vertigo, Dizziness | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Any disease, impairment, or abnormality of:

- | | | | |
|----------------------------------|--|--|--|
| 1. Eyes | <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Bones, Joints, Locomotor System | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ears or Hearing | <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Brain or Nervous System | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Tonsils, Nose | <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Blood or Endocrine System | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Throat | <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. Skin | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Contracts strep throat easily | <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Any Disease of Prostate or Testes if a Male,
or of Ovaries or Breasts if a Female | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Stomach or Digestive System | <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Measles (Rubeola) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Genital-Urinary System | <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. German Measles (Rubella) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Heart or Blood Vessels | <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Mumps | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Other Abdominal Organs | <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Whooping Cough | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Lungs, Respiratory System | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

For ALL parts of Question 4 answered "Yes", please give details:

Question #/Letter Nature and Severity of Disease or Disorder, Specific Diagnosis, Frequency of Attacks, and Treatment

* For allergies please specify type, allergen, frequency and severity of symptoms, duration, date of last symptom, and medication (name, oral or injected, dosage).

5. Has the student:

- a. Had any surgical operation, or gone to a hospital, clinic, dispensary or sanitarium for observation, examination or treatment? Yes No
- b. In the past 6 months taken any prescribed medication or been advised to restrict diet or living routine? Yes No
- c. Had a history or current evidence of nervous, emotional, or mental problems (i.e. history of depression, suicidal thoughts or behavior, psychosis, mood swings, serious family problems, or nervous conditions)? Yes No
- d. Contemplating any surgical operation or planning to seek other medical advice or treatment? Yes No
- e. Ever used cocaine, barbiturates or other addictive drugs, except as medication prescribed by a physician or other practitioner? Yes No
- f. Ever received treatment from a physician or other practitioner regarding the use of alcohol or use of drugs except for medical purposes, or received treatment or advice from an organization that assists those who have had an alcohol or drug problem? Yes No
- g. Had any significant weight loss or gain? Yes No
- h. Additional comments: _____

If yes, explain. Additional comments may be made in "h" below.

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____

6. Will the student be taking any prescribed medication with him or her? Yes No

If yes, what medication (generic name, dosage and reason)? _____

7. In my opinion the general state of the student's health is: Excellent Good Fair Poor

Physician's Signature: _____ Date: _____

Physician's Name Printed: _____ Phone: (____) _____

Physician's Address: _____



ATAD

FORM D

Association For Teen-Age Diplomats

MEDICAL INSURANCE

The US Department of State requires that all International Exchange Students be covered by medical insurance while overseas in the amount of \$50,000 per accident or illness, with a deductible not in excess of \$500 per accident or illness. Any expenses not paid by an insurance company are the responsibility of the natural parents or guardians.

- Please provide the name of your insurance and policy information below.
- Please make sure your insurance company will provide the required coverage for the duration of your child's stay overseas.
- If your current insurance will not cover medical expenses while overseas, please contact your insurance agent or ATAD representative for information on additional coverage you may purchase from another company.

Student's Name: _____

Medical Insurance Policy Information

(Coverage which is applicable while overseas.)

Policy Number of Insured: _____ Expiration Date: _____

Name of Policy Holder: _____

Name of Insurance Company: _____

Address of Insurance Company: _____

City: _____ State: _____ Zip: _____

Telephone: (_____) _____

Dental Insurance Policy Information

Dental insurance is not required of participants; however, if you have insurance which will be in effect overseas, please provide the following information (if dental insurance is not provided by the above carrier).

Policy Number of Insured: _____ Expiration Date: _____

Name of Policy Holder: _____

Name of Insurance Company: _____

Address of Insurance Company: _____

City: _____ State: _____ Zip: _____

Telephone: (_____) _____



ATAD

FORM E

Association For Teen-Age Diplomats

REFERENCE

TO BE COMPLETED BY STUDENT

Three references are required. Please give this form to 2 major subject teachers. One must be a foreign language teacher if there is a language requirement for the program to which you are applying. Please give a third form to any other adult who knows you well and who is not a family member, e.g. scout leader, neighbor, work supervisor. All references should have known you for at least six months.

Student's Name: _____ Telephone: _____

Address: _____

I am applying for a Year Summer Semester exchange student program to: _____

Date reference due back to applicant: _____

TO BE COMPLETED BY EVALUATOR

The above student is applying for an ATAD International Exchange Student program. ATAD will appreciate and accept your frank evaluation of this applicant's personal readiness and responsible participation in this program. The student cannot be considered for admission without your evaluation. Therefore, please complete, sign, and return this form as soon as possible to the student **IN A SEALED ENVELOPE WITH YOUR SIGNATURE ACROSS THE SEAL OF THE ENVELOPE**. If you prefer, you can return the form directly to ATAD by January 5th at:

Association for Teen-Age Diplomats, Peggy Green Lull
19 Bradford Road, Rochester, NY 14618
(h) 585-271-4757 (c) 585-303-9993

Please print legibly in **BLACK INK**.

1. Please describe the student's behavior with respect to authority, peers, class participation, group activities, and individual school work.

2. Please comment on the student's adaptability and ability to function in difficult situations. If appropriate, please comment on the student's ability to understand and willingness to communicate in a foreign language.

3. Research indicates the following factors are important for successful intercultural adjustment:

- Curiosity
- Self-motivation
- Sense of humor
- Open mindedness
- Ability to tolerate failure
- Ability to communicate
- Tolerance for differences
- Adaptability/flexibility

Please address the student's strengths and weaknesses with respect to these factors. When possible, please provide specific examples.

4. What limitations, if any, might this student have to assuring complete success in an international exchange program? Please include any physical, social, or emotional limitations or known conditions.

5. In what context and for what length of time have you known this student?

6. Check one of the following:

- I strongly recommend this applicant.
- I recommend this applicant.
- I have some reservations.
- I do not recommend this applicant.
- I would like someone from ATAD to call me.

Signature: _____ Date: _____

School (if applicable): _____ Telephone: (____) _____

Name (Please print): _____ Position: _____



ATAD

FORM F

Association For Teen-Age Diplomats

SCHOOL EVALUATION

TO BE COMPLETED BY STUDENT

Please give this form to your school Guidance Counselor or Vice-Principal.

Student's Name: _____ Telephone: _____

Address: _____

I am applying for a Year Summer Semester exchange student program to: _____

TO BE COMPLETED BY GUIDANCE COUNSELOR OR VICE-PRINCIPAL

The above student is applying for an ATAD International Exchange Student program. ATAD will appreciate and accept your frank evaluation of this applicant's personal readiness and responsible participation in this program. The student cannot be considered for admission without your evaluation. Therefore, please complete, sign, and return this form NO LATER THAN JANUARY 5th to:

Association for Teen-Age Diplomats
Peggy Green Lull
19 Bradford Road, Rochester, NY 14618
(h) 585-271-4757 (c) 585-303-9993

Please print legibly in **BLACK INK**.

1. Is this student in good standing with the school?

- Academics

- Behavior

- Citizenship

2. Do you feel this student would make a good representative of the United States in a foreign country? Please explain.

3. Are there any factors in the candidate's home or family life which might influence his or her suitability as a foreign exchange student?

4. Please tell us anything else you think we should know about this student.

Signature: _____ Date: _____

School: _____ Telephone: (____) _____

Name (Please print): _____ Position: _____



ATAD

FORM G

Association For Teen-Age Diplomats

REQUEST FOR TRANSCRIPTS

TO: High School Administrator
FROM: The Association for Teen-Age Diplomats
DATE: _____

_____, who is a _____ at your school,
Name of Student Class in School

is applying for the Association for Teen-Age Diplomats (ATAD) Americans Overseas Exchange Student Program. To be accepted by ATAD, the student is required to show proof of academic achievement to meet certain minimum grade requirements. To that end, an official transcript is being requested for the two most recent school years.

- Please enclose official transcript(s) reporting the above student's grades for the two most recent years (past four complete semesters). Please enclose Middle School transcripts if necessary to meet the four semester requirement.
- Please enclose a form indicating how number grades are translated into letter grades at your school. For example: 93-96 = A, 83-86 = B, etc. Please also describe any accelerated class grades given to this student in order to accurately equate them with courses given at other high schools.
- Please return the transcripts to the student in a sealed envelope. If you prefer, you can send them directly to ATAD by **January 5th**:
Association for Teen-Age Diplomats
Peggy Green Lull
19 Bradford Road, Rochester, NY 14618
(h) 585-271-4757 (c) 585-303-9993



ATAD

FORM H

Association For Teen-Age Diplomats

STUDENT AND PARENTS LETTERS

STUDENT LETTER TO HOST FAMILY

Please write a letter to your host family. This letter will be used for placement overseas and WILL be given to your host family. Your letter must be typed or printed neatly. This is the first impression a potential host family will have of you. Please check spelling and be neat when correcting errors. Remember, English may not be the native language of your host family. You should make your letter as easy to read as possible and avoid the use of slang. Please do not make references specific to any country.

If you write your letter on stationary, please use white or a light pastel paper. Your letter will be copied and dark stationary will make your writing harder to read on a copy.

Your letter should be at least 400 words long. Here is a list of topics you can include:

- Describe your personality, likes and dislikes, strengths and weaknesses.
- Describe the town/city/place where you live.
- What kind of activities do you like to participate in with your friends?
- What do you do on a typical weekend: work, activities, entertainment?
- What are your career plans or special areas of interest?
- What are your favorite subjects/school activities and why do you enjoy them?
- Why do you want to be an exchange student, and what do you hope to gain and contribute during your exchange?
- Describe the members of your family and your relationship with them.
- What responsibilities do you have as a family member, e.g., household chores, taking care of pets, etc.?

Remember to thank your host family for opening their home to you.

PARENTS LETTER

Your description of the following characteristics of your teen-ager will be of great value in the process of matching him or her with a compatible host family. ATAD values the opinions and needs of the natural family, and asks for your candid response to these questions. Please provide as much detail as possible to aid in the host family selection process.

Please type or neatly print your letter and have any parents/guardians living with the student sign the letter. Additional comments by the student's brothers or sisters would also be valuable. Please head your letter with the student's name.

Please describe your son or daughter in terms of:

- Relationship with other members of the family.
- Like and dislikes, interests, tastes and personality traits.
- Rules, disciplines, and principles as you have enforced them.
- Physical or health limitations (please be as specific as possible).
- Expectations and challenges while overseas.



ATAD

FORM I

Association For Teen-Age Diplomats

PRELIMINARY HOSTING INFORMATION

Student's Name: _____ High School: _____

Program Choice: Country: _____ Length: Summer Semester Year

Address: _____ Telephone: (____) _____

City: _____ State: _____ Zip: _____

I live with (check appropriate boxes):

Mother & Father Father Mother Guardian Step-parent Other, specify _____

Father or Male Guardian Name: _____ Occupation: _____

Employer: _____ Working Hours: _____

Mother or Female Guardian Name: _____ Occupation: _____

Employer: _____ Working Hours: _____

Names and ages of all children (Star* those at home during the school year. Circle teenagers who would be the host siblings.)

Pets, if any: _____

ATAD sponsors exchanges with Rochester Sister City and Direct Exchange Programs: not only do we send American students overseas, but we also receive International Students into the Monroe County area for whom Host Families must be found. Students and their families are asked to consider the unique opportunity of hosting one of these students, or to assist with the ongoing need to find qualified Host Families, to afford International Students the same opportunity your son or daughter will have to enjoy an exchange experience. To help facilitate this process, I agree to (check as many as apply):

Host an International Student for the: Summer Semester (January-June) Year

I have already hosted an ATAD International Exchange Student

Actively pursue finding host families in the Monroe County area through:

Asking friends and relatives

Posting fliers at work, church, or other public bulletin (Please send me information to post.)

Asking friends at school

Asking teachers and counselors at school for their assistance

Other, please specify: _____

I am undecided at this time. Please contact me with more information.

Please provide the names of 3 families who have agreed to discuss hosting with an ATAD representative. This is a REQUIRED part of the application.

Family 1: Parent(s) First and Last Name(s): _____
Address: _____ City: _____
State: _____ Zip: _____ Home Phone: (_____) _____
Names and Ages of Host Siblings: _____

Family 2: Parent(s) First and Last Name(s): _____
Address: _____ City: _____
State: _____ Zip: _____ Home Phone: (_____) _____
Names and Ages of Host Siblings: _____

Family 3: Parent(s) First and Last Name(s): _____
Address: _____ City: _____
State: _____ Zip: _____ Home Phone: (_____) _____
Names and Ages of Host Siblings: _____

Signatures: Father or Guardian: _____
Mother or Guardian: _____
Applicant: _____
Date: _____



ATAD

FORM J

Association For Teen-Age Diplomats

FINANCIAL AID QUESTIONNAIRE

The Financial Aid Questionnaire must be returned to the ATAD Treasurer, even if you do not intend to apply for financial aid. This form **MUST** be completed by all applicants. **THIS MUST BE POSTMARKED BY 12/31.**

Mr. Dean Ekberg, ATAD Treasurer
212 S. Fitzhugh Street
Rochester, NY 14608

Need of financial aid will not impact your acceptance into an exchange program.

Indicate your financial aid need below.

I will not need financial aid _____.

You do not need to complete the remaining pages of this questionnaire. Mail only this page to the ATAD Treasurer at the above address.

I estimate I will need financial aid in the amount of _____

Please complete the Financial Aid Application on the following pages and mail the completed Financial Aid Questionnaire and Financial Aid Application to the ATAD Treasurer at the above address.

Financial aid will be awarded by mid-February. All financial information is kept strictly confidential.

Father's or Guardian's Signature: _____

Mother's or Guardian's Signature: _____

Student's Signature: _____

Print Student's Name: _____

Student's Address: _____

Telephone Number: _____ E-mail Address: _____

Best Method of Contact: _____ Date: _____



ATAD

FORM K

Association For Teen-Age Diplomats

FINANCIAL AID APPLICATION

This form and attachments will be considered confidential and will be used solely by the ATAD Executive Committee to determine financial aid. This request for financial aid will be considered only after the applicant has completed the Application Packet, paid the Application Fee, and has been accepted into the ATAD Americans Overseas Exchange Program. Aid is granted based on financial need. If further delineation is necessary, the qualities demonstrated by the candidate for a successful exchange experience will be considered. Notification of financial aid awards will be made in writing in mid-February.

Student's Name: _____
Last First Middle

Address: _____
Number Street City State Zip

Telephone: (____) _____ E-mail Address: _____

Age: _____ Current Grade in School: _____ Social Security Number: _____ - _____ - _____

Program: Country: _____
Summer: _____ Year: _____ Semester: _____

Amount of Financial Aid Requested: _____

To the parents:

Please attach a copy of the Federal income tax return from the previous year. In the case of an applicant who resides with only one parent, the income tax form should be of the custodial parent.

Student Financial Information

	Available Now	Additional Expected By Departure	Total Available By Departure
Personal Savings and Investments	\$ _____	\$ _____	\$ _____
Scholarships and Other Financial Aid (please specify):			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
Jobs (please specify):			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
Social Security Benefits	\$ _____	\$ _____	\$ _____
Trust Funds	\$ _____	\$ _____	\$ _____
Relatives and Friends (please specify):			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
Other Sources (please specify):			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____	\$ _____

Student Signature: _____ Date: _____

The above signed understands that it is unlawful to produce false information and that the information on this application is factual to the best of his or her knowledge.

Parent Financial Information

Applicant lives with (check appropriate boxes):

Mother & Father Father Mother Guardian Step-Parent Other, specify _____

Complete the section below as it pertains to each parent, even if the parent does not live with the student:

Father's Name Age (_____) Father's Cell Phone Number Father's E-mail Address(es)
_____ (_____) _____

Father's Address: Street City State Zip Father's Home Phone

Father's Occupation Title Employer No. Yrs Employed with Employer
_____ (_____) _____

Employer's Address: Street City State Zip Father's Work Phone

Mother's Name Age (_____) Mother's Cell Phone Number Mother's E-mail Address(es)
_____ (_____) _____

Mother's Address: Street City State Zip Mother's Home Phone

Mother's Occupation Title Employer No. Yrs Employed with Employer
_____ (_____) _____

Employer's Address: Street City State Zip Mother's Work Phone

Other Guardian(s) Name(s) Age(s) (_____) Cell Phone Number(s) E-mail Address(es)
_____ (_____) _____

Other Guardian(s) Address: Street City State Zip Home Phone

Other Guardian(s) Occupation(s) Title Employer No. Yrs Employed with Employer
_____ (_____) _____

Employer's Address: Street City State Zip Other Guardian(s) Work Phone(s)

Dependents (including applicant):

Dependent Name	Age	Name of Current School or College	Current Year in School or College	Dollar Amounts for Current Academic Year		
				Cost of One Year at Private School or College (if applicable)	Amount Paid by Parents (if applicable)	Amount Paid by Scholarship/Financial Aid (if applicable)
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____

Number of other dependents (i.e. non-children): _____

Please explain: _____

Parent Financial Information (Continued)

Please provide the following information for Parents/Guardians with whom the applicant lives. Please attach additional pages if more room is needed for any of the following information.

Annual Income:	Amount Last Year	Est. Amount This Year		Amount Last Year	Est. Amount This Year
Father, Stepfather, Guardian	\$ _____	\$ _____	Veteran's Benefits	\$ _____	\$ _____
Mother, Stepmother, Guardian	\$ _____	\$ _____	Welfare	\$ _____	\$ _____
Alimony	\$ _____	\$ _____	Other Income (specify):	\$ _____	\$ _____
Child Support	\$ _____	\$ _____	_____	\$ _____	\$ _____
Dividends and Interest	\$ _____	\$ _____	_____	\$ _____	\$ _____
Social Security Benefits	\$ _____	\$ _____	_____	\$ _____	\$ _____
			Total Annual Income	\$ _____	\$ _____

Description of Assets Owned:	Value	Amount Owed on Loan	Net Value
_____	\$ _____	\$ _____	\$ _____
Checking Account (Name of Bank)	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
Checking Account (Name of Bank)	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
Savings Account and/or Money Market (Name of Bank)	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
Real Estate (Location, Date Acquired)	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
Real Estate (Location, Date Acquired)	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
Securities (e.g. stocks, bonds, mutual funds, CDs, etc.)	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
Automobile (Make, Model, Year)	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
Automobile (Make, Model, Year)	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
Automobile (Make, Model, Year)	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
Other (List)	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
Other (List)	\$ _____	\$ _____	\$ _____
Total Assets			\$ _____

Outstanding Debts (including on assets listed above):			
Creditor and Type of Debt	Original Debt	Present Balance	Monthly Payment
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
Total Debts			\$ _____

Parent Financial Information (Continued)

Other financial obligations (e.g. alimony, child support, etc.):

If one parent is absent from the home, please explain what contact that parent has with the student, the level of financial support this parent currently provides to the student, the level of support which can be expected for the student's exchange program, and any other considerations which are relevant to the student's application for financial aid.

Use the space below to provide any additional information or explain any unusual circumstances.

Signature of Father, Stepfather or Guardian

Date

Signature of Mother, Stepmother or Guardian

Date