



Suffolk Sister Cities International  
P.O. Box 796  
Suffolk, Virginia 23439

## Citizen Diplomat Application

**Teen Summer Experience in Italy**  
Spend 2-3 weeks living with an Italian family in Oderzo, Italy,  
located in the Veneto Region near Venice.  
(Approximately June 27 - July 16; dates flexible)

Space is limited. For priority consideration,  
please submit application as soon as possible.

*This application is not a statement committing you to travel, but an expression of your desire to travel.  
Sister Cities works with the host city to formulate all the details of our exchange.  
The information provided will be maintained by Suffolk Sister Cities International volunteers.*

*Please complete & return to the address above or via email*  
Email: suffolksistercities@gmail.com / Questions? Call: 757-472-4338

**PLEASE type or print clearly.**

**Applicant Name:** \_\_\_\_\_  
First Middle Initial Last Nickname

Home Address : \_\_\_\_\_

City / State / Zip : \_\_\_\_\_

Phone #(\_\_\_\_\_) \_\_\_\_\_ Please indicate if  Home  Work  Cell

Alternate Phone #(\_\_\_\_\_) \_\_\_\_\_ Please indicate if  Home  Work  Cell

Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_

**If applicable:**

Current School (note if homeschooled) : \_\_\_\_\_

Current Grade Level: \_\_\_\_\_ I am a full-time student.  Yes  No

Parent Name: \_\_\_\_\_

Phone #(\_\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

**Please check the box to indicate the Following:**

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | I am a current member of Suffolk Sister Cities International or Suffolk International Youth Association.<br><br>(NOTE: Membership is required for selection).<br><br>* If no, please enclose a check payable to SSCI for \$10 for a high school student or \$30 for a family membership. Only members of SSCI will be chosen to travel. |
| <input type="checkbox"/> | <input type="checkbox"/> | My primary residence is in the city of Suffolk, Virginia.   |
| <input type="checkbox"/> | <input type="checkbox"/> | I am a full-time student.   |
| <input type="checkbox"/> | <input type="checkbox"/> | I understand that as a SSCI citizen delegate I am expected to pay for my own passport, air fare, and spending money (approximately \$2000) and that our sister city will provide housing with host families, tours and most meals for the delegation.   |

**Application Checklist:**

Check the box to indicate a positive response.

- I have a current US passport (requires expiration date later than 2/2018).
- I have applied for a US passport.
- I have a current passport from \_\_\_\_\_ (COUNTRY) and appropriate documentation to reenter the United States.
- I have health insurance with \_\_\_\_\_ that will cover me while I am traveling and while in Italy.
- I have attached a Letter of Recommendation from my guidance counselor or principal.
- I have attached a personal statement as indicated on page 4.
- I am able to adapt to new situations and socialize readily.
- I have the following allergies: \_\_\_\_\_  
\_\_\_\_\_
- I take the following medications: \_\_\_\_\_  
\_\_\_\_\_
- I have health conditions that might affect my participation in certain activities.  
Explain: \_\_\_\_\_  
\_\_\_\_\_

Please take a moment to respond truthfully. Applications may be reviewed by a selection committee.

1. Have you ever studied a language other than English?  Yes  No  
If your answer is yes, which language(s) and under what circumstances (e.g. as a native language, while living abroad, in a "language camp" or through independent study at home)?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
2. Are you fluent in any language other than English?  Yes  No  
If yes, which language(s)  
\_\_\_\_\_  
\_\_\_\_\_
  
3. What have you liked most about the language(s) that you have studied (e.g., learning to speak, learning about the people, learning the grammar, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
4. Have you traveled or lived in another country?  Yes  No  
If yes, where and under what circumstances?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
5. List work, community service, hobbies, sports, extracurricular, and leisure activities that might be helpful to your participation as a "citizen delegate". (You may continue on a separate page.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please attach a Letter of Recommendation from your guidance counselor or principal. The letter should be in a sealed envelope with a signature across the seal.**

**Please prepare and attach to your application a one page statement** that addresses the following topics, not necessarily in this order. If typed, please make sure your statement is in Times Roman and not less than 12 pts.

- a. Why you wish to participate in the program and how you would benefit from it
- b. Why you think it is important to study other cultures
- c. Why you believe you would make a good citizen diplomat

**If selected as a Citizen Diplomat, I agree to abide by all rules and regulations of the program, commensurate with serving as a student diplomat, and will attend all educational and pre-travel sessions required for participants. Upon my return, I agree to serve as a Citizen Diplomat for the organization and share my experience with others. I certify that the information on this form is truthful. I have reviewed the entire application and understand that, if selected, I will be expected to pay for travel expenses, required to have a passport, and be required to participate in all planned activities during the exchange as well as abide by all the rules and regulations set forth by Suffolk Sister Cities International as conditions for exchanges. Additionally, I do hereby release Suffolk Sister Cities International, Inc. and any member, officer, employee, or agent thereof from any and all claims for liability for injury to person or damage to property arising, directly or indirectly from participation in the exchange program.**

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

Signature of Applicant: \_\_\_\_\_

***Thank You For Your Application!***

***Applicants will be called at their home residences to verify receipt of application or you may check that your application has been received by calling 757-472-4338***

