

2024 Student Ambassador Trip Participant Application Form

Student Information

Student Name _____ Gender _____ Male _____ Female _____

Date of Birth _____ (MM/DD/YYYY) Current Grade Level _____

Address _____

Student Phone Number _____ Student Email _____

School Activities (Club and athletic team) _____

Other membership and activities (outside school group) _____

Have you hosted students from Isesaki? Yes ____ (year _____) No _____

their name _____

Hobby _____

Describe your personality briefly

Health Information:

Physician Name _____ Hospital Name _____

Hospital Address _____

Physician Contact Phone number _____ Physician Email _____

Any health concerns to be informed to host families (allergies, etc)

Parent/Guardian Information

1. Name _____ Relationship to the student _____

Contact information ____ same as student's ____ Not the same (please complete below)

Address _____

Phone number (home/cell/work – circle one) _____

Phone number (home/cell/work – circle one) _____

Email Address _____

2. Name _____ Relationship to the student _____

Contact information ____ same as student's ____ Not the same (please complete below)

Address _____

Phone number (home/cell/work – circle one) _____

Phone number (home/cell/work – circle one) _____

Email Address _____

Other Required Documents:

- Copy of student's passport (No later than January 1st, 2024)
- Consent Form
- Payment Agreement
- Scholarship Application

*SSCA will announce when it becomes available.