



# 2018 Youth Ambassador Student Exchange Student Application



National Office: 1430 Broadway, Suite 1804, New York, NY 10018  
Tel: 646-892-9147 ♦ [aifl@aifl.org](mailto:aifl@aifl.org) ♦ [www.aifl.org](http://www.aifl.org)

# 2018 Youth Ambassador Student Exchange Program Student Application



**Instructions:** Please read all instructions carefully and type or print legibly in **BLACK** or **BLUE** ink when filling out the application form.

## PERSONAL DATA FORM

### *Personal/Family Information*

Name: \_\_\_\_\_  
Last Name First Name Middle Name

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: Male Female  
mm/dd/yyyy

Home Address: \_\_\_\_\_  
Street  
City State Zip

Phone: Home: ( ) \_\_\_\_\_ Mobile: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ @ \_\_\_\_\_

### *School Information*

School District: \_\_\_\_\_  
Name City and State

School Name: \_\_\_\_\_

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

Grade: \_\_\_\_\_ GPA: \_\_\_\_\_ Principal: \_\_\_\_\_

# 2018 Youth Ambassador Student Exchange Program Student Application



Please complete the section below for the person(s) with whom you live:

Father:

\_\_\_\_\_  
Last Name First Middle

\_\_\_\_\_  
Occupation Employer Work Phone

Mother:

\_\_\_\_\_  
Last Name First Middle

\_\_\_\_\_  
Occupation Employer Work Phone

Guardian:

\_\_\_\_\_  
Last Name First Middle

\_\_\_\_\_  
Occupation Employer Work Phone

## Travel Documents:

*Note: All passports must be valid for 6 months from the travel date of October 31<sup>st</sup>, 2018.*

Do you presently have a valid passport? Yes ☐ No ☐

If yes, please provide the following information:

Name as it appears on your passport: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

City of Issuance: \_\_\_\_\_

If no, have you applied for one? Yes ☐ No ☐

If yes, please submit a copy of the receipt with the completed application form.

**Note:** If you have not applied for a new passport at this time your YASE application is incomplete and may be rejected if you do not provide a copy of the application receipt by Tuesday, September 4<sup>th</sup>, 2018. The details from your new passport must be submitted prior to the start of the program on Thursday, October 18<sup>th</sup>, 2018.

# 2018 Youth Ambassador Student Exchange Program Student Application



## *Personal Health History*

Do you have allergic reactions to particular drugs, food, insect bites or stings, etc.?  
If yes, please list them, explain the type of reaction, and treatment to be administered.

Do you have special dietary requirements or any special instructions regarding your health care?

Have you had recent illnesses including surgical procedures of which we should be aware that may prevent you from fully participating in program activities?

Are you taking any medication now? ☐ Yes ☐ No

If yes, please explain:

# 2018 Youth Ambassador Student Exchange Program Student Application



## *Certificate of Medical Insurance and Release*

Note: The America-Israel Friendship League provides international travel and medical insurance coverage for all participants of its leadership delegations. However, our policy does not cover pre-existing medical conditions which is an industry standard.

The Youth Ambassador Exchange (YASE) Program encourages that every student participating in the program has appropriate medical coverage. The medical insurance policy should provide coverage for the duration of the program.

Name of Student Applicant: \_\_\_\_\_

Name of Insurance Provider: \_\_\_\_\_

Policy Number of Insurer: \_\_\_\_\_

Official Name of Insured: \_\_\_\_\_

Policy Expiration Date: \_\_\_\_\_

Does the policy cover costs for medication? \_\_\_\_\_

If in the event our insurance company fails to pay for all or some of the expenses, will you pay the balance?                      Yes   ☐                      No   ☐

## *Emergency Contact (If different from Parent or Guardian)*

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

Address: \_\_\_\_\_  
Street Address    City    State    Zip

Relationship \_\_\_\_\_

Daytime Telephone \_\_\_\_\_

Evening Telephone \_\_\_\_\_



# 2018 Youth Ambassador Student Exchange Program Student Application



## Permission for Medical Care

My son/daughter/legal ward has permission to take part in the 2018 Youth Ambassador Student Exchange (YASE) Program. I/We agree to and do hereby authorize the America-Israel Friendship League, Inc., the Israel Youth Exchange Authority and their respective personnel and representatives (chaperones), to act for us in any emergency or accident or illness or injury or other consequence or event, in the event our son/daughter/legal ward may be in need of medical care. I hereby give my permission for my son/daughter/legal ward to receive this medical attention if deemed necessary by a professional in the medical field.

## Release

In the event our son/daughter/legal ward is unable to participate in the program due to illness, accident, injury or other consequence or event, the America-Israel Friendship League, Inc., the Israel Youth Exchange Authority acting through their respective personnel or representatives is authorized to release our son/daughter/legal ward to our personal care and make whatever arrangements are appropriate under the circumstances.

The America-Israel Friendship League, Inc., the Israel Youth Exchange Authority, and their representatives officers, trustees, directors, employees, personnel and representatives, shall not be responsible for any costs, expenses, liabilities or debts incurred in conjunction with or resulting from any illness, accident, injury or other consequence or event, and I/We agree to be responsible for such costs, expenses, liabilities or debts as well as for any costs and expenses incurred for the early return travel for our son/daughter/legal ward which exceeds the return airline ticket fare.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
( )

\_\_\_\_\_  
Telephone

STATE OF )

)

COUNTY OF )

)

On the \_\_\_\_\_ day of \_\_\_\_\_, 2018, before me personally came

\_\_\_\_\_, to me known and known to me to be the person described in

and who executed the foregoing instrument and he/she acknowledged to me that he/she executed the same.

\_\_\_\_\_  
Notary Public

(Seal)

## Host Family Placement Information



# 2018 Youth Ambassador Student Exchange Program Student Application



One of the most important factors in the Youth Ambassador Student Exchange Program is proper placement of students with host families. To place you appropriately, the following information is needed.

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

1. Participants in this program are not allowed to smoke or consume alcohol.  
Will you comply with this requirement for the duration of the program? ☐ Yes ☐ No

2. Do you wish to be hosted by a non-smoking family? ☐ Yes ☐ No

3. Please indicate which of the following criterion apply to you:

Must have special diet ☐ Yes ☐ No

Explanation: \_\_\_\_\_

Are allergic to pets or would prefer to be in pet free home ☐ Yes ☐ No

Explanation: \_\_\_\_\_

Other: \_\_\_\_\_

Explanation: \_\_\_\_\_

4. Religious affiliation, if any? \_\_\_\_\_

5. List all activities that apply:

Academic Interests:

Artistic Interests: \_\_\_\_\_

Sports interests: \_\_\_\_\_

# 2018 Youth Ambassador Student Exchange Program Student Application



Social interests:

6. Are there any activities that are important for you to continue while in the host country?

☐ Yes

☐ No

If yes, which activities?

7. Do you have a special talent you that you would like to share with your host school or family?

☐ Yes

☐ No

If yes, please explain.

## *Essay & Letters of Recommendation*

On an attached page, in **250 words**, please tell us why you believe you should be accepted as a participant in the 2018 Youth Ambassador Student Exchange (YASE) Program.

Also, please **attach 2 recommendations**; at least **1 must be from a teacher**. Recommendations may also be obtained from employers, guidance counselors or religious leaders.

## *Important Attachments:*

Please include the following when submitting the application form:

- A Photo (Headshot if possible)
- A copy of your passport



## 2018 Youth Ambassador Student Exchange Program Student Application



Please write a short biography which will be shared with your host family. It should include your childhood, family, studies, social/voluntary activities, main interests and hobbies. Describe your personality, and your expectations if any, for the visit to Israel? Express your appreciation to them for agreeing to host you. Use an extra sheet of paper if necessary.

Name of Student: \_\_\_\_\_

Dear Host Family:



# 2018 Youth Ambassador Student Exchange Program Student Application



Coordinator's Comments:

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Coordinator

\_\_\_\_\_  
Date

