

Student Application



Congress-Bundestag
Youth Exchange Program

- You are responsible for completing PART A and PARTS C through H of this *Student Application* form. **All responses must be typed or printed neatly.** *An incomplete application will adversely impact your chances of receiving a scholarship.*
- Please ensure that a school official completes PART B below.
- Ask appropriate adults to complete both *Recommendations 1* and *2* and to return these forms to you in sealed envelopes.
- When finished, make copies of all pages (except the sealed recommendations) for your records.
- Do not staple forms together.**
- Return this *Student Application*, together with the two *Recommendations* (still sealed) in one envelope to the address listed for the State where you live. See map on page 4.
- The postmark deadline for the completed application is December 16. May be extended by regional organization.
- All students will receive notification confirming receipt of their application.
- We accept photocopies of these forms.

PART A

Student's Social Security number _____ / _____ / _____

Name of student _____
Last (legal) First (legal) Middle Initial

Name of parent or legal guardian, Mr., Ms., Mrs., Mr. & Mrs. _____
(Circle one)

Mailing address _____

City _____ State _____ Zip _____

E-Mail _____

Telephone (_____) _____ Parent/Guardian 1 work phone (_____) _____

Birthdate (Mo./Day/Year) ____/____/____ Parent/Guardian 2 work phone (_____) _____

Male Female

What is your country of citizenship? _____ (*Only US citizens, nationals and permanent residents are eligible to apply.*)

What is your Congressional district number, name and contact information of your US Representative to Congress?

This information will be used to notify your representative should you receive a scholarship

Number: _____ Name: _____

Address: _____

If a teacher or counselor nominated you for the program, please provide his/her name, address and E-mail below:

First Name Last Name Title Address

Telephone E-mail

PART B — TO BE COMPLETED BY A SCHOOL OFFICIAL

I certify that _____ is currently enrolled in _____ grade and has maintained at least a 3.0 overall grade point average on a 4.0 scale.

School Official's Name (Please print) Title

School Name Address Educational Testing Service Code Number

City State Zip Telephone (_____) _____

Signature

Visit us at www.USAGermanyScholarship.org

Date

Name: _____

PART C — SUMMARIZE YOUR ACTIVITIES, AWARDS AND INTERESTS

In the space below, list your activities and achievements. Please specify how many hours per month you spend on this activity. Limit your answer to only those activities from your high school years.

	ACTIVITIES	HOURS/MONTH	DATES OF ACTIVITY
Activities and organizations in which you have been a frequent participant. Specify any offices held.	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Athletic teams of which you were a member and years of participation.	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Community activities in which you have been involved, such as scouts, volunteer work, religious youth groups, peer tutoring, etc.	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Creative work, hobbies or special training such as music, dance, drama or foreign language, which you have pursued to the point of some mastery.	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Paid work or jobs you have held. Specify the type of work you did and the length of time employed.	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Prizes, honors, offices or special recognition you have received, such as National Honor Society, foreign language, creative writing, science, music, team captain, etc.	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Briefly describe your travel, either domestic or international, within the last five years.

PART D— QUESTIONS

Please type your answers to the following set of questions on a separate sheet of paper. Use more than one sheet, if necessary. Place your name on the upper right hand corner of each sheet and number your responses. (Responses must be typed.) Remember to complete, **sign** and return the reverse side of this form (Medical Questions).

1. Choose one of the activities you listed on PART C and describe your participation in depth. What difference has it made in your life and in the lives of others?
2. The United States in the 1990s is home to many different types of family structures. Please describe your immediate family, noting its unique or traditional elements, and your relationship with each family member.
3. Describe your relationship with a close friend outside your immediate family, noting the different qualities each of you contributes to your friendship.
4. Describe a non-academic situation in which you have had to face defeat or failure, or have made a mistake, and explain how you dealt with it.
5. It is natural for exchange students to feel homesick during a year away from friends, family and school activities. Reflect for a moment on what it will be like to live as a member of a family in Germany. What problems or challenges other than language might you expect to encounter and how might you deal with them? What is it about the exchange experience that appeals to you?

PART E— ESSAY

Please compose one essay on the topic described below. Use separate sheets of paper. Your response must be typed.

Host Family Letter

Think about what you would like to say to your future German host family and what you would like them to know about you, your family, community and life in the US. Keeping in mind that this will be the first impression they have of you, compose and type in English a letter to your German host family.

PART F— STATISTICAL DATA

In order to monitor and promote the participation rate of students from various racial and cultural backgrounds, we request that you provide the following information. You are not required to respond. This information will be used for monitoring purposes exclusively and will have no influence in the selection process. Please check one:

- | | | | |
|---|---|---|------------------------------------|
| <input type="checkbox"/> African American | <input type="checkbox"/> Asian & Pacific Islander | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Caucasian |
| <input type="checkbox"/> Alaskan Native | <input type="checkbox"/> Native American | <input type="checkbox"/> Other, please specify: _____ | |

How did you first learn about the Congress-Bundestag Program?

- | | | | |
|------------------------------------|---|---|---------------------------------------|
| <input type="checkbox"/> TV | <input type="checkbox"/> Magazine | <input type="checkbox"/> School Presentation | <input type="checkbox"/> Web/Internet |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Exchange Student | <input type="checkbox"/> Teacher/ Counselor | <input type="checkbox"/> Poster |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Received mail (code _____) | <input type="checkbox"/> Other, please specify: _____ | |

See reverse for
PART G

Name: _____

PART G — MEDICAL QUESTIONS

Please check the appropriate answers to the following questions. If you check “Yes” to any of these questions, please describe in detail. You may use a separate sheet if necessary.

- 1. Are you currently taking any medication or are you under any medical treatment? If yes, please indicate the type of medication or treatment, the reason for medication or treatment and the length of use. Also, indicate if this medication is injected.
 Yes No If yes, explain _____

- 2. Do you have, or have you ever had, a prolonged illness?
 Yes No If yes, explain _____

- 3. Do you have learning disabilities or physical handicaps?
 Yes No If yes, explain _____

- 4. Do you have any dietary restrictions?
 Yes No If yes, explain _____

- 5. Have you consulted a neurologist, therapist, psychologist or psychiatrist within the last two years?
 Yes No If yes, explain _____

PART H — PRESS RELEASE INFORMATION

Providing the following information authorizes the participating organizations of the Congress-Bundestag Program to contact your local newspaper about your participation in this program. We can only contact your local newspaper if you provide complete information.

Local Newspaper	Street Address	
City	State	Zip

Please note that, should you be selected as a finalist for the Congress-Bundestag Program, confirmation of the scholarship is contingent upon fulfillment of the medical, placement and academic requirements of the sponsoring student exchange organization. The Congress-Bundestag Scholarship does not include domestic airfare within the US, nor does it include spending money, passport or residence permit expenses for students during their exchange year.

I hereby certify that the information contained in this application is truthful, that I have read the preceding statement and understand that acceptance to the program is not final until these requirements have been fulfilled.

Signature of Student	Date
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Signature of Parent	Date
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Recommendation 1

Applicant's Name _____ (_____)
Telephone

Street _____ City _____ State _____ Zip _____

INSTRUCTIONS TO STUDENT

Please ask an academic subject teacher who knows you well at your high school to complete this form. Academic subjects include: math, science, English, languages, history and social studies. Ask this person to return it to you in a sealed envelope for you to include with your completed application. Any recommendations in addition to *Recommendations 1* and *2* will not be accepted. *Recommendations 1* and *2* must be completed by different individuals.

Postmark deadline for the complete application is December 16. May be extended by regional organization.

INSTRUCTIONS TO RECOMMENDER

Your answers to the questions on this form will be evaluated and scored along with the student's own application materials to ascertain his/her rank in the competition for this unique scholarship program. Therefore we ask you to answer each question as carefully and completely as possible. Place the form in an envelope and write the student's name on the front. Seal the envelope and sign your name across the flap to ensure confidentiality. Return the sealed envelope to the student who will forward it unopened as part of the application. We kindly request that you type your responses on a separate sheet to ensure readability.



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

2. What talents, interests and skills does this student have to contribute to an international exchange experience?
Please be as specific as possible.

3. Research indicates that the factors listed below are important for successful intercultural adjustment:

✦ curiosity	✦ open-mindedness
✦ self-motivation	✦ ability to tolerate failure
✦ sense of humor	✦ ability to communicate
✦ tolerance for differences	✦ adaptability/flexibility

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

4. How long, and in what context, have you known this student?

5. Check one of the following:
- I strongly recommend this applicant.
 - I recommend this applicant.
 - I have some reservations. (Please describe on a separate sheet of paper).
 - I do not recommend this applicant.

Your Name (Please Print)

Title

Name of High School

Street

City

State

Zip

()

Telephone

SIGNATURE

Date



Recommendation 2

Applicant's Name _____ (_____)
Telephone

Street _____ City _____ State _____ Zip _____

INSTRUCTIONS TO STUDENT

Please ask an adult of your choice to complete this recommendation form. Choose someone (other than a relative) who supervises you and who knows you well in one of your most meaningful activities at school, in the community or at work (paid or volunteer). Ask this person to return this recommendation to you in a sealed envelope which you will include as part of your application. Any recommendations in addition to *Recommendations 1* and *2* will not be accepted. *Recommendations 1* and *2* must be completed by different individuals.

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1. This exchange program is a family-living experience with a strong emphasis on personal relationships. Your observations of the student's social skills, maturity and regard for others are very important. Keeping this in mind, please describe the student's interaction with other people in the activity which you supervise. If possible, please give specific examples.

2. From your observations, how do you think this student would adapt to an unfamiliar environment and new relationships? Please cite examples, based on your experience with this student.

3. In a paragraph, please describe what impresses you most (e.g. traits, achievements) about the student in the activity which you supervise and why.

4. How long have you known this student?

5. Check one of the following:
- I strongly recommend this applicant.
 - I recommend this applicant.
 - I have some reservations. (Please describe on a separate sheet of paper).
 - I do not recommend this applicant.

Your Name (Please Print)	Title		
<hr/>			
Street	City	State	Zip
()			
<hr/>			
Telephone	Activity Supervised		
<hr/>			
SIGNATURE			Date