



# 2019 Wendell Fish Annual Student Exchange



**Presented by Newport Beach Sister City Association  
and Newport Balboa Rotary Club**

**US to Okazaki – Summer 2019  
Okazaki to US - Fall 2019**

To participate, Applicants need to complete the Student Application Package and participate in a personal interview with the selection committee.  
The Application Package consists of the following required forms:

- Part A - Information and Instructions**
- Part B - Student Application Form & Essay**
- Part C - Parent Application Form**
- Part D - Statement of Intent, Medical & Photo release Form**

## **PART A— INFORMATION AND INSTRUCTIONS**

Dear Interested Student and Parents,

We are excited to share with you the information about the Wendell Fish Student Exchange program, now in its 34th year. The exchange program provides participants the opportunity to experience the culture and people of Japan on a very personal level.

Students who are selected for the program will live with a Japanese family who has a son or daughter of the same age as well as see many French cultural sites. During the exchange trip students will visit their Japan counterpart's school and participate in other activities along with sightseeing and cultural activities. This is a unique opportunity to visit and learn about a different culture and make lifelong friends.

Then in the fall, the participant will welcome his or her Japanese student counterpart to their home in Newport Beach to show them what life in the United States is all about.

### **FREQUENTLY ASKED QUESTIONS:**

#### **When is the exchange (which dates)?**

The actual exchange dates will be set by March 2019. Traditionally, the exchange is 10 days and occurs during the following period: US to Okazaki – Summer 2019

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Okazaki to US - Fall 2019 The length of the Japanese students visit to Newport Beach is about a week.

## **Who is eligible for the Student Exchange?**

1. Public, charter or private 8th grade students
2. The student applicant must live within the Newport Mesa Unified School District boundaries
3. The student applicant's local school must allow the Japanese student to shadow them at school. Newport-Mesa School District allows shadowing for the exchange program. Policies at private and charter schools may vary.
4. You must be able to host the Japanese student at your home.
5. There are no exceptions to these rules.

## **What is this Student Exchange all about and who can go?**

This program is for seven (7) current middle school students to visit Okazaki in the Summer and to stay with an Okazaki student and his or her family for approximately ten days. The students must attend a local public or private school in Newport Beach that will allow Okazaki student to shadow the Newport Beach student at their school.

**THERE ARE NO EXCEPTIONS TO THIS RULE.**

In the Fall, the Okazaki students will visit Newport Beach and stay with the families of the students who visited Japan in June/July. The length of their visit to Newport Beach is about 6 days also.

## **Who is organizing the Exchange?**

Originally two Rotarians, Wendell Fish (Newport Beach) and Masao Kato (Okazaki) started this exchange in 1984. Since then, the Newport Beach Sister City Association (also known as NBSCA.org) organizes the exchange, along with support from the Newport-Mesa Unified School District.

The NBSCA organizes the trip and stay with the host families in Okazaki. Newport Balboa Rotary Club and NBSCA select the students and help to organize the stay in Japan with Okazaki. Two teachers from the Newport-Mesa Unified School District travel with the students as chaperons. The City of Okazaki manages the exchange in Japan.

## **Application Deadline**

**THE APPLICATION DEADLINE IS JANUARY 30, 2019  
CANDIDATES WILL BE INTERVIEWED & SELECTED FEBRUARY 3, 2019**

**Who is the contact?**

Connie Skibba  
Newport Beach Sister City Association  
Okazaki Committee Chairperson  
[cskibba@att.net](mailto:cskibba@att.net)

**What are the selection criteria?**

The selected students are ambassadors representing California, the country, the city of Newport Beach, their school, and above all themselves and their families. To qualify for consideration, applicants should meet all the following minimum criteria:

- Demonstrate proper manners and respect.
- Be able to make good decisions and be self-directed so that your actions always represent the highest quality of integrity, diplomacy and judgment.
- Demonstrate good academic performance.
- Be articulate and thoughtful.
- Exemplify the qualities of leadership – a leader knows how to lead and follow.
- Friendly with others.
- Show a real effort and interest in learning about France, its geography, culture and people.
- Demonstrate an awareness and respect for the cultural differences between France and the United States.

Lastly, you and your family must serve as hosts to your Japanese “buddy” in September/ October. You also must participate in events that are scheduled for the exchange students (American and Japanese).

\_\_\_\_\_ Parent’s initials

\_\_\_\_\_ Student Applicant Initials

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### **How do I apply to go to Japan?**

Students must download the online application package; complete all forms, scan them and submit them via e-mail in PDF format if possible. If you are unable to scan the documents, please contact Connie Skibba at [cskibba@att.net](mailto:cskibba@att.net)  
Application deadline is midnight January 30<sup>th</sup>.

Follow these steps:

- 1. Review PART A** (familiarize yourself with the procedures);
- 2. Complete PART B** - Student Application Form including the Essay: "WHY I THINK I WILL BE A GOOD AMBASSADOR TO OKAZAKI".
3. Have your parents complete:  
**PART C** - PARENT APPLICATION FORM;  
**PART D** - STATEMENT OF INTENT, MEDICAL FORM & PHOTO RELEASE FORM.
- 4. Submit ALL documents to [cskibba@att.net](mailto:cskibba@att.net) (Attn: Connie Skibba) before **Jan 30<sup>th</sup>, 2019.****

### **What happens once I submitted my application?**

After applications are submitted, finalists will be chosen and asked to participate in an interview. We will notify you when. Based on your application and the interview, the selection committee will select students that will be part of the Student Exchange to go to Okazaki, Japan.

### **When are the interviews and what should I bring to my interview?**

Interviews are **February 3<sup>rd</sup>, 2019**. You are required to bring all your **original signed forms (NOT COPIES)**, to the interview. Based on your application and the interview, the selection committee will determine the delegates that will be part of the Student Exchange to go to Okazaki. Once all interviews are completed we will contact the selected delegates.

### **What is next if I am selected to go to Japan?**

Together with the other selected students and two chaperones you will meet with members of the NBSCA on several occasions to prepare you for your trip to Japan and discuss travel arrangements. You will also learn some Japanese phrases, protocol, and background information about living with a Japanese family and going to a Japanese school.

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**APPLICATION PACKAGE DEADLINE: JANUARY 30<sup>TH</sup> 2019  
APPLICATIONS THAT ARE NOT COMPLETE WITH ALL FORMS AND  
ALL SIGNATURES, WILL NOT BE CONSIDERED.**

### **How does the Exchange work?**

In the summer, the selected exchange students and chaperones will go to Japan for ten days. During your time in Japan, you will be staying with a Japanese family in Okazaki and go to school with your Okazaki exchange student counterpart. While in Japan, you will officially represent Newport Beach at various formal meetings with Japanese officials. During of your visit to Japan, you will travel to Tokyo and ride the bullet train to Okazaki.

In the Fall, you will reciprocate, and you will host your Okazaki counterpart in your home. You and your family will be responsible for expenses associated with hosting your "buddy student" in your home for approximately 6 days and to include the "buddy" student in your family activities.

The program will require you to accompany your Japanese buddy during school days and participate in formal and informal events. You are required to accompany your Japanese buddy to all events.

\_\_\_\_\_ Parent's initials

\_\_\_\_\_ Student Applicant initials

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### How much does it cost?

**Each selected student assumes the cost for airfare to and from Japan and spending money. Airfare has typically been approximately \$1,600. Cost for incidental expenses (host family gifts, souvenirs etc.) are about \$250.**

**A \$500 fee is required to cover the cost of the land package expenses. The land package includes a visit to Tokyo, overnight stay, city sightseeing tour with an English-speaking guide and riding the bullet train to Okazaki.**

**This fee is due when airfare is booked.** All air and land package arrangements will be made by Nippon Express Travel, USA.

Airfare and land package fees are subject to cost at time of booking the reservations.

You and your family will be responsible for expenses associated with hosting your "buddy student" in your home for approximately 6 days and to include the "buddy" student in your family activities.

If you or your parents have any questions, please do not hesitate to email us at [cskibba@att.net](mailto:cskibba@att.net)

Thanks, and good luck!

**APPLICATION PACKAGE DEADLINE: MIDNIGHT JANUARY 30<sup>TH</sup> 2019**

\_\_\_\_\_ Parent's initials

\_\_\_\_\_ Student Applicant initials

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**PART B – STUDENT APPLICATION FORM**

Complete all the information and email forms to Connie: [cskibba@att.net](mailto:cskibba@att.net). Submission deadline is midnight January 30<sup>th</sup>, 2019

**GENERAL INFORMATION**

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

Date of Birth \_\_\_\_\_ Gender: Male: \_\_\_\_\_ Female: \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_ GPA: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Primary Language at Home: \_\_\_\_\_

What other language(s) do you speak? \_\_\_\_\_

What other languages, if any, are spoken at home: \_\_\_\_\_

**INDIVIDUAL INFORMATION**

*(Limit your answers to one or two paragraphs which can be done on a separate page)*

1. Tell us about your interests, hobbies, sports and other activities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

2. Tell us about your family: \_\_\_\_\_

\_\_\_\_\_.

3. What do you like or dislike about school? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_.

Tell us about any other likes/dislikes that you have, that would be important to know if you were selected.

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

Signature of Student Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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## **Essay**

Tell us why you think you will be a good ambassador to Okazaki, Japan. You should write your essay by yourself and, it can be as long or short as you decide.

\_\_\_\_\_ Parent's initials

\_\_\_\_\_ Student Applicant initials.



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(Additional page)

\_\_\_\_\_ Parent's initials

\_\_\_\_\_ Student Applicant initials.

**PART C - PARENT APPLICATION FORM**

**Instructions**

The Newport Beach Sister City Association appreciates your interest in hosting an exchange student and we are confident that this will be a truly rewarding experience for your family. The US Department of State and Department of Homeland security require that we obtain the information below for all potential host families. The information below will be treated confidentially.

\*<sub>2</sub> All adults with whom the exchange student from Antibes might stay with, must complete this form. Example: father, mother, divorced spouses, stepparents, grandparents, adult children at home or other adults living in the home)

**Student Applicant's Information**

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

Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\*<sub>1</sub> Provisional Driver's License or Driver's License Number: \_\_\_\_\_  
and Date Issued: \_\_\_\_/\_\_\_\_/\_\_\_\_.(If applicable)

**Parent Information**

***Adult 1***

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

Relationship to Student Applicant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

**Residence Address:**

Street \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

**Preferred method of communication:** Call cell: \_\_\_\_ Text: \_\_\_\_ Email: \_\_\_\_.

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Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Emergency: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Occupation: \_\_\_\_\_

***Adult 2***

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Relationship to Student Applicant: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

**Residence Address:**

Street \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email: \_\_\_\_\_

**Preferred method of communication:** Call cell: \_\_\_\_ Text: \_\_\_\_ Email: \_\_\_\_.

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Emergency: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Occupation: \_\_\_\_\_

*Additional adults should be included on a separate copy of this form. See above \*2.*

\_\_\_\_\_ Parent's initials

\_\_\_\_\_ Student Applicant initials

# 2019 NEWPORT-OKAZAKI STUDENT EXCHANGE APPLICATION PACKAGE

## **Family Information:**

Provide the following information for each family member or other persons living with you:

NAME	GENDER		AGE	RELATIONSHIP TO STUDENT
	MALE	FEMALE		
FAMILY HOBBIES OR SPECIAL INTERESTS				
IF PETS AT HOME				
WHAT KINDS OF PETS? * <sub>3</sub>		NAME		

\*<sub>3</sub> Dog, cat or other kind of animal.

## **Other Information:**

Will the Okazaki exchange student share a bedroom? Y \_\_\_ N \_\_\_

If so, with whom? \_\_\_\_\_.

Do you have friends or neighbors with other high school aged children? Y \_\_\_ N \_\_\_

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Have you had any hosting experiences in the past? Y\_\_\_ N \_\_\_

If so, when? (date or year): \_\_\_\_\_

Please provide a brief description of your hosting experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Will your son/daughter stay with any other family while the French exchange student is visiting Newport Beach? Y\_\_\_ N \_\_\_

If so, please provide brief details: \_\_\_\_\_

\_\_\_\_\_

Will someone/adult be home on weekdays? Y\_\_\_ N \_\_\_

**Personal References:** (Please provide two personal references)

**Reference 1**

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

Relationship to you: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Reference 2**

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

Relationship to you: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_ Parent's initials

\_\_\_\_\_ Student Applicant initials.

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## WAIVER, CONSENT AND RELEASE

I certify that all the statements in this application, and any attachments hereto, are true and correct to the best of my knowledge. I also certify that I have not withheld any information that would affect this application unfavorably, if disclosed. I understand that any omission of facts or misrepresentations will result in my son's or daughter's elimination from consideration for participation in the Newport Beach Sister City Association's Student Exchange Program. I further certify that I understand that the Newport Beach Sister City Association's intent is to deny a position to anyone convicted of a crime of violence or a crime against another person.

I hereby give my permission to the Newport Beach Sister City Association (also known as NBSCA) to investigate, verify and obtain information given in this application, including search of law enforcement and published records (including driving records and criminal background checks), contact with employers and reference interviews. I understand that this information will be used, in part, to determine my eligibility for hosting an exchange student as part of the Newport Beach Sister City Student Exchange Program. I understand that I will have an opportunity to review the records and that there is a procedure available for clarification, if I dispute the record as received.

I specifically acknowledge that the NBSCA or its affiliates will inquire about, and I authorize them to verify, my employment, experience, personal references, background, including criminal background checks that may contain arrest and conviction data. I waive any right to assert that such an investigation or request constitutes an invasion of my privacy. I recognize that such inquiries are in the interest of all personal involved in the Newport Beach Sister City Association's Student Exchange Program and I fully consent to such investigations.

IN CONSIDERATION of my acceptance and participation in the Newport Beach Sister City Association's Student Exchange Program, I, to the full extent permitted by law, hereby release and agree to save, hold harmless and indemnify, all members, officers, directors, committee members and employees of the participating entities, including but not limited to the Newport Beach Sister City Association, the City of Newport Beach, the Newport-Mesa Unified School District, from any or all liability for any loss, property damage, personal injury or death, including any liability which may arise out of the negligence of any of the Indemnities, which may be suffered or claimed by me as a result of an investigation of my background in connection with this affidavit.

I further agree to conform to the rules, regulations and policies of the Newport Beach Sister City Association and its affiliates and understand that my service can be modified or terminated, with or without notice or cause, at any time, at the option of either the Newport Beach Sister City Association or its affiliates, or at my option. I understand and agree that the Newport Beach Sister City Association or its affiliates may, in their sole discretion, decline to accept my application for volunteer services with or without cause.

**If accepted as a host family, I(we) agree to treat the visiting exchange student as our own son/daughter, and TO PROVIDE APPROPRIATE SUPERVISION to him or her.**

**I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE APPLICATION, WAIVER, CONSENT AND RELEASE. I SIGN THIS FORM VOLUNTARILY. DATE: \_\_\_\_\_.**

\_\_\_\_\_  
Printed Name Father / Legal Guardian

\_\_\_\_\_  
Printed Name Mother / Legal Guardian

\_\_\_\_\_  
Signature of Father/Guardian

\_\_\_\_\_  
Signature of Mother/Guardian

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## **PART D - STATEMENT OF INTENT and MEDICAL INFORMATION**

Student's First Name: \_\_\_\_\_ Middle:\_\_\_\_  
Last Name:\_\_\_\_\_

With my signature below, I hereby acknowledge that:

I am the parent/legal guardian of the above-named student applicant. My child is interested in participating in the Newport Beach Sister City Association's Okazaki Exchange Program ("Wendell Fish Student Exchange Program") between the cities of Newport Beach (California) and Okazaki (Japan).

I am interested in my child being considered for this reciprocal student exchange program.

If selected, we (my child and I as his/her parent/legal guardian), will agree to the terms and conditions as set forth by the NBSCA.

If my son/daughter is selected, I will pay for the round-trip airfare to Japan.

If my son/daughter is selected, I will host a Japanese exchange student as part of our family.

If selected, my child will shadow the Japanese exchange student and will spend time with him/her. Further, I agree that if selected, my child will participate **(without exception)** in required activities that the NBSCA is organizing for **all** the exchange students, even if this means that our son daughter will have to miss classes or tests and will have to make them up a later date. The NBSCA will arrange permits with the appropriate school administrations.

If is selected and called, I agree that my child will serve as an ambassador of the NBSCA on future events. Such events could be recruiting appearances at schools, City Council meetings, participation at parades, etc.

I acknowledge that I have read and reviewed:

- **Part A – Instructions and Information;**
- **Part B – Student Application Form;**
- **Part C – Parent Application Form;**
- **Part D – Statement of Intent, Medical and Photo Release Form**

I further acknowledge that the above forms are complete and correct.

I understand that application Forms **Parts B** and **C** are only valid once the original signed **Part D** statement is received.

**SUBMISSION DEADLINE: JANUARY 30<sup>th</sup>, 2019.**

\_\_\_\_\_Parent's initials

\_\_\_\_\_Student Applicant initials.

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### **Medical Information:**

All delegates (students and teachers) will procure medical travel insurance from Sister City International for the period of the trip to Japan. Parents will be responsible for the cost of the medical travel insurance. Approximate insurance cost for 10 days is \$30.00.

Please indicate below whether your son/daughter is on any prescription and NON-prescription medication that he/she will be taking while staying in Japan.

Name of Prescription Drug	Presentation	Dosage	Frequency of Consumption
<i>Example: Tylenol</i>	<i>Caps 325mg</i>	<i>1 cap</i>	<i>every 6 h x pain</i>

Is your son or daughter able to administer the drug by him or herself: \_\_\_Y; \_\_\_N

Please indicate below if your son/daughter has:

Allergies/adverse reaction of any kind (to medications, pain killers, penicillin, iodine, milk/milk products, nuts, latex, bee stings or any others), that required any medical attention:

Allergic or Adverse Reaction To	Describe What Happens	Usual Treatment
<i>Example: Bee stings</i>	<i>hives</i>	<i>EpiPen</i>

Is your son or daughter traveling with the necessary medications listed if at all above?

\_\_\_\_\_  
Printed Name Mother / Legal Guardian

\_\_\_\_\_  
Printed Name Father / Legal Guardian

\_\_\_\_\_  
Signature of Mother/Guardian

\_\_\_\_\_  
Signature of Father/Guardian





## Photo Release Form for Minors (if under 18)

The Newport Beach Sister City Association has my permission to use my son or daughter's photograph publicly to promote the Association and student exchange programs. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Child's Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's signature: \_\_\_\_\_ Date \_\_\_\_\_

Phone Number: \_\_\_\_\_ email: \_\_\_\_\_

