### Sister Cities Association of Belvidere, Illinois, Inc.



# To APPLICANTS and PARENTS of PROSPECTIVE YOUTH AMBASSADORS for the SISTER CITIES ASSOCIATION OF BELVIDERE

Thank you for your interest in our Youth Exchange Program. The Sister Cities Association of Belvidere is looking forward to another summer of Youth Exchanges, providing a genuine family experience in another country for teens of Belvidere/Boone County and those of our Sister Cities of Vaux le Penil, France and Schwieberdingen Germany.

We are looking for a total of four (4) teens from the Belvidere/Boone County who would like to experience life in a foreign country. The four teens chosen will spend two weeks living with host families in our Sister Cities in Europe, two going to Schwieberdingen, Germany and two to Vaux le Pénil, France. The host families are carefully chosen by members of the corresponding organizations in our Sister Cities in Europe.

WHO MAY APPLY TO BE A YOUTH AMBASSADOR?: Teens who are U.S. citizens between the ages of 15 and 19, who are a Boone County Resident and have not previously served as an ambassador for Sister Cities may apply. Knowledge of a foreign language, especially the language of the country selected to visit, is a plus.

WHEN?: A two week visit either to France or Germany will take place around July 15<sup>th</sup> and August 1st. Exact dates depend on school schedules and have not yet been set.

WHAT WILL IT COST?: Costs will include the price of a passport, a round-trip airplane ticket and other expenses incurred outside of your host-home during your trip, such as souvenirs and necessities.

Belvidere Sister Cities Association will award a stipend of \$1,500.00 to each of the four teens chosen to assist with these expenses. Room and board will be provided by the host families.

HOW DO I APPLY?: Applications will be accepted after January 1, 2025. Applicants will fill out and return the following items to: Sister Cities Association of Belvidere, Illinois, Attention: Youth Exchange Program, PO Box 1822, Belvidere, IL 61008. The complete application packet to be returned will include:

- 1) A completed application,
- 2) A 100 to 150 word essay explaining "Why I would like to be a Youth Ambassador"
- 3) Three (3) letters of recommendation. Two of the three letters of recommendation should be from a teacher, counselor, minister or community leader. The third one can be from a friend.

#### The DEADLINE for receipt of the complete application is FEBRUARY 01, 2025.

**WHAT THEN?:** After reviewing all of the applications, the Selection Committee will contact each applicant to arrange for an interview. Interviews are scheduled for Monday, February 17, 2025 unless other arrangements are made.

IF CHOSEN: If selected to represent the Sister Cities Association of Belvidere as a Youth Ambassador, you will be asked to sign a "Code of Ethics" agreement and submit proof of "Health and Personal Liability Insurance" as a requirement for participation in our program.

Need further information? Contact:
Youth Exchange Coordinators:
Brad Peters (815) 547-4566
Kris Meek (815) 222-8063
Or visit us at:
belvideresistercities.org

Sister Cities Association of Belvidere, Illinois, Inc.



PO Box 1822, Belvidere, IL 61008 / belvideresistercities.org

## YOUTH AMBASSADOR APPLICATION 2025

Photo	I would like to be a Youth Ambassador to the following Belvidere Sister City: Schwieberdingen, Germany Vaux-le-Pénil, France Either city				
Last Name:	First Name:		Sex: M	F	
Date of Birth:	I am a U.S. C	itizen: yes	¥	22.00	
Name of School:		G	rade:		
Names of Parents:					
Home Address:					
My Home Phone:			900000		
Father's Contact Phone :	Email:				
Mother's Contact Phone:	Email: _				
Siblings-Name, Age & School:					
		V			

List activities, hobbies, things you like to do:				
	www.	***************************************		
Have you studied any foreign la	anguages? W	Which ones and h	now many years?	
1.	Yrs	2.	Yrs	
Have you ever traveled outside	the U.S.?	Where?		
On a separate sheet of paper, pl "Why I would like to be a Y			150 words that explains	
For the Parents:				
	s and precau	tions to take:		
STORY AND			THE MANUE OF THE PARTY OF THE P	
	p	- Control of the cont		
Other comments:				
			300	
Signature:		Parent		
Signature:(applicant)		Parent		

### **DIRECTIONS:**

### APPLICATIONS MUST BE RECEIVED BY FEBRUARY 01, 2025.

The complete <u>application</u>, including the <u>essay</u> and <u>three letters of recommendation</u>, must be received at the address below by February 01, 2025. If selected, proof of insurance will be required. Interviews will be conducted on Monday, February 17, 2025 unless other arrangements are made.

Please return your complete application to:

Sister Cities Assoc. of Belvidere Attention: Youth Exchange Program PO Box 1822 Belvidere, IL 61008

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