

Columbia Association **INTERNATIONAL EXCHANGE PROGRAM**
High School Student Exchange Summer 2010

application packet

Laura Smit Program Manager
Columbia Association International Exchange Program
10221 Wincopin Circle • Columbia, MD 21044
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program overview

Every summer the Columbia Association International Exchange Program operates a high school student exchange with Columbia's Sister Cities of Cergy-Pontoise (near Paris) in France and Tres Cantos (near Madrid) in Spain. The Sister Cities summer exchange offers students a wonderful opportunity to not only practice their Spanish or French language skills, but also to experience and explore another culture first-hand.

While abroad, each student lives with a local family for approximately two weeks, and later hosts that same student in his or her home in the U.S. Adult chaperones, usually French and Spanish teachers, travel with each group of students and attend to any needs the students may have during their stay.

There are planned group trips and activities in France/Spain and here in the U.S., as well as "free days." All participating students receive temporary CA membership for the duration of the U.S. portion of the exchange. The exchange usually begins the last week of June after school is out and ends by August 1. Exact dates are usually available by March as they are dependent on our Sister Cities and airfares.

The exchange provides an unforgettable experience, which includes both fun and learning, and the chance to make lifelong friends with both foreign and area students.

PROGRAM REQUIREMENTS

To be able to participate in the exchange, you must:

- Be a high school student and have completed level II of French or Spanish by the end of the school year, or have equivalent fluency in the language (e.g. if you learned it from your parents.)
- Be a Columbia or Howard County resident.
- Be able to travel to France or Spain in the first two weeks of July (first half of the exchange) and have a valid passport.
- Be able to host the same student you stayed with in France or Spain in your home for the last two weeks of July (second half of the exchange.)
- Be able to participate in planned activities here with the American, French and Spanish students during the second half of the exchange. (Students may not work during the entire length of the exchange.)
- Pay the 2010 program fee of \$790. Columbia Residents/Employees: \$650. The program fee covers your participation in all program organized activities and transportation to and from the airport both in the U.S. and abroad.
- Pay for airfare to France or Spain which is estimated between \$1,100 and \$1,500. We will purchase the tickets at group rates on your behalf, and as soon as possible we will let you know the exact price and when to submit payment.

Note: Regarding the cost of the trip to France/Spain, partial scholarships and reduced fees are available. Students requiring financial assistance should contact the Program Manager for more details. CA will also assist students to run fundraisers in the spring to help defray the cost.

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APPLICATION PROCESS

- **Complete the Application Packet** Students and parents must complete and sign all forms in the attached application, following the instructions carefully and return it to the Columbia Association by March 5. Students must provide 2 photos with their application form and request 2 letters of recommendation (which can be returned with the application or sent separately.)
- **Home Interview** Once we have received the complete application we will contact you to schedule a home interview, during which at least one of your parents/guardians must be present. The interview will last approximately one hour and will take place by March 19. You will be asked some questions in English and some questions in French or Spanish (as appropriate.)
- **Passport** Applicants must have a valid passport. Those who do not have a valid passport should apply as soon as possible, as applications can take 12-16 weeks to process. For information on obtaining a U.S. passport check the state department website: <http://travel.state.gov/passport> for detailed instructions. The East Columbia Branch of Howard County Library is accepting passport applications Mon-Fri from 4-7pm (passport photos can also be taken there.)
- **Orientation Sessions** Before leaving students and parents will attend several orientation sessions, which will allow you to meet the other participants and your chaperones. You will learn about cultural differences, travel and culture shock and have many opportunities to get all your questions answered, find out what to take and pack, and find out about the cities where you will be living for two weeks in France or Spain.

CHAPERONES

Adult chaperones accompany each group of students to France and Spain (1 to 10 ratio.) The chaperones are hosted by the foreign group leaders, and will not be living with or be constantly present with the students. When they return to the U.S., the chaperones host the foreign group leaders. Chaperones attend student and parent orientation sessions to get to know the students before traveling to France and Spain.

Chaperones attend, supervise and participate in all organized group activities, both abroad and in the U.S. They are responsible for enforcing the exchange program rules, as outlined in the application packet. The chaperones will check in with the students; monitor the general activities of the students; be aware of any problems or issues that may arise and intervene when necessary or possible; and assist students with issues regarding culture shock, language difficulties, homesickness, problems with host families or other program participants, and any other issues that may arise. Students are encouraged to contact the group leaders by phone or email regarding any issues or concerns.

FOR MORE INFORMATION, PLEASE CONTACT

Laura Smit, Program Manager

Columbia Association International Exchange and Multicultural Programs

10221 Wincopin Circle, Suite 100, Columbia, MD 21044-3410

Email: Laura.Smit@ColumbiaAssociation.com

Phone: 410-715-3162

application packet checklist

INSTRUCTIONS

Congratulations on your decision to apply for the 2010 Columbia Association *High School Student Exchange*. Make sure your application is complete before you send it to us. Use the checklist below.

Please print clearly and follow the instructions below. Applications are due by March 5, 2010.

- Student Application and Hosting Agreement** Complete the application carefully and sign it. The information is used to help with placement with your host family in France or Spain.
- Student Personal Statement** Write two typed paragraphs in English explaining your reasons for wanting to participate in the high school exchange and what you hope to get out of the experience. Being mature, responsible, open-minded and flexible, as well as being able to adapt and adjust to unfamiliar situations is very important when going to a foreign country. In your response, please give some examples of these qualities in yourself.
- Student Letter to Exchange Student** Write a short letter in English to your potential exchange student in France or Spain telling him/her about yourself and your family. Try to give him/her a good idea of your personality, likes and dislikes, and your daily life.
- Two 2" X 2" Photographs of Applicant** (printed at home OK)
- Two Letters of Recommendation** Use the attached forms and return them in a sealed envelope. One of the recommendations must be from a French/Spanish teacher. You may include them with your application or they may be mailed separately, but they must be received by the International Exchange Program by **March 5**.
- Parent/Guardian(s) Application and Hosting Agreement** Complete and sign the application. The information on the application is necessary to process your child's application.
- Program Rules** Both student applicant and a parent/guardian must read and sign the Program Rules form.
- Program Agreement for Parents** Parent/guardian(s) should carefully read the Program and Hosting Agreement and discuss hosting responsibilities with their child. Return the signed agreement with the application.
- Payment and Refund Policy Form** Parent should sign form and include it with the application along with a check or credit card information for the Program Fee made out to Columbia Association, Inc. The 2010 Program Fee is \$790. Applicants who reside on, or have one parent/guardian working full-time on or owning property subject to the Columbia Association property assessment, pay the CA discounted fee, \$650. You will receive a full refund should you not be accepted into the program.
- Credit Card Payment Form** Use the attached form to pay by credit card.
- Associate Verification Form (if applicable)** This form is to be completed if you do not live on CA-assessed property but do qualify for the CA resident discount as explained above. Form is available at www.ColumbiaAssociation.com under Get Involved — Teens.
- Income Qualified Application (if applicable)** Reduced rate programs are available for Columbia residents who live on or work full-time on property subject to the CA assessment and whose household income is within the Columbia Association guidelines. Please call 410-715-3162 for more information on the Reduced Rate program. Form is available at ColumbiaAssociation.com under Get Involved — Teens.

It is strongly recommended that you keep copies of this Application Packet for your reference.

*Bring or send your completed application to Columbia Association International Exchange Program,
10221 Wincopin Circle, Suite 100, Columbia, MD 21044-3410.*

Application deadline: March 5, 2010

student application and hosting agreement

Applying to go to (**circle one**): Cergy-Pontoise, France or Tres Cantos, Spain

A INFORMATION

Full Name *As It Will Appear on Passport* _____

Date of Birth _____ **Sex** *Check One* Male Female **T-Shirt Size** _____

Full Street Address *Including Zip Code* _____

Village *If in Columbia* _____

Home Telephone _____ **Cell Phone** _____

E-mail *Please Print Clearly* _____

High School _____ **Grade** _____

How did you learn about this program? School Presentation Ad in Columbia Flier/Howard County Times
 My Language Teacher Flyer Library TV Screen in Columbia Association Fitness Facility Other _____

B LANGUAGE ABILITY

What French/Spanish high school class level will you have completed before going on the exchange? French _____ Spanish _____

If you did not learn French/Spanish through school, indicate how you learned the language. _____

Evaluate your ability to speak and understand French/Spanish *Circle One*

1 Beginner

2 Survival Level — I speak and understand at a very elemental level

3 Participatory — I can participate in basic social situations

4 Clarity level — I can get my point across in most subject areas, grammar needs work

5 Professional — I need to work mainly on _____

Do you speak any other foreign languages? *Check One* Yes No If so, which? _____

C INTERNATIONAL TRAVEL

Have you ever hosted a foreign exchange student? *Check One* Yes No If so, how long? _____

Do you have a valid passport? *Check One* Yes No Don't Know

Are you a US citizen? *Check One* Yes No If not, what country's passport will you be carrying for travel during the exchange?

continued on next page

Your answers to the questions below will be used to help determine which host student and family will be the best match for you. Please answer each question as thoroughly as possible.

D PERSONALITY

Please circle all the qualities that best describe your personality:

Reserved	Outgoing	Social	Extroverted	Quiet
Introverted	Mature	Shy	Open	Easy to get along with
Patient	Impatient	Active	Get bored easily	Adaptable
Anxious	Calm	Other	_____	

E HOBBIES, INTERESTS, ACTIVITIES

1. What are your interests, hobbies, activities? _____

2. What classes or activities are you involved in (*extracurricular, sports, classes?*) _____

3. What kinds of things make you feel angry or upset? _____

4. Do you like having time to yourself on a regular basis? Yes No *If yes, what do you like to do with that time/on your own?* _____

F FAMILY

1. Where do you live? *Check most appropriate* Apartment Town House Single Family House

2. I live with *Check all that apply* Mother Father Stepmother Stepfather Grandmother Grandfather
 Sister Brother Aunt Uncle

Other Guardian *Explain relationship* _____

3. What kind of activities do you and your family do together? _____

4. Other Household Members

Name *Age, Relationship to Applicant* _____

Name *Age, Relationship to Applicant* _____

Name *Age, Relationship to Applicant* _____

Name *Age, Relationship to Applicant* _____

Name *Age, Relationship to Applicant* _____

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G MEDICAL

1. Do you have any medical conditions of which your host family should be aware? *e.g. asthma, epilepsy, migraines* Yes No
2. Allergies: Please list any allergies you have. Rate each allergy from 1 (for mild reaction) to 4 (for life threatening). _____

H RELIGION

1. Do you wish to attend religious services while in France/Spain? *eg. Catholic mass, Jewish synagogue, Mosque, Protestant church, etc.*
 Yes Not Necessary
2. If yes, what religion? _____

I DIETARY RESTRICTIONS AND FOOD PREFERENCES

1. I prefer not to eat /drink _____
2. I cannot eat /drink _____
3. I need to eat /drink (e.g. 1 banana daily) _____
4. Other, specify _____
5. My favorite foods are _____

J PETS

1. I have (eg. dog – Labrador, fish, lizard, bird) _____
2. I would prefer not to live in a house with _____

K SMOKING

1. Does anyone in your family smoke? Yes No
2. Are you willing to stay with a family where there are smokers? Yes No

L ANYTHING ELSE FOR YOUR HOST FAMILY TO KNOW?

Please list anything else you would like your potential host family to know about you and your family. _____

M HOSTING AGREEMENT

1. Would you be willing to be hosted by a student of the opposite sex? Yes No
2. Would you be willing to host a student of the opposite sex? Yes No
3. I, the undersigned _____ agree to:
 - receive my French/Spanish counterpart with warmth and friendliness, and do my best to make him/her feel welcome when I host him/her;
 - try to make my exchange counterpart's stay in the U.S.A. as beneficial, productive and enjoyable as possible.
 - participate in all group activities;
 - speak French/Spanish as much as possible during the France/Spain portion of the exchange, and English during the U.S. portion of the exchange;
 - do all in my power during my stay abroad to adapt to the customs in France/Spain, and to the schedules and lifestyle of the family who will host me;
 - respect and be courteous to my host family
 - abide by the instructions of the group leaders, program staff and my host parents.

I hereby certify that I am aware of and accept the *Columbia Association High School Student Exchange* program requirements for participation, and that the information provided in this application is correct to the extent of my knowledge.

Student's Name

Signature of Student

Date

recommendation form

TO BE COMPLETED BY APPLICANT

- Name _____

Applying to the High School Student Exchange with (circle one): Cergy-Pontoise, France Tres Cantos, Spain

RECOMMENDER

The above named student is applying to the Columbia Association High School Student Exchange. This is a home-stay reciprocal exchange of cultural and linguistic immersion. During the first half of the exchange each participating Howard County student spends approximately two weeks living with a French/Spanish family. During the second half of the exchange the participating Howard County students host their French/Spanish counterparts in the U.S. for approximately the same length of time.

- Please comment on this student's suitability to participate in the exchange. Please address the following issues (you may include additional sheets if necessary).

Length of time and capacity through which you have known the student

The student's French/Spanish (as appropriate) linguistic ability, and linguistic and cultural interest.

The student's degree of maturity and responsibility.

The student's ability to adapt and remain flexible in unfamiliar situations.

You may return this completed form to the student in a sealed envelope, with your signature across the seal; or you may send it directly to the International Exchange Program to the address below. Forms must be received by the International Exchange Program by March 5, 2010.

Thank you very much for your assistance.

Name _____ Position/Title _____

Signature _____ Date _____

Please return to: Columbia Association International Exchange Program, 10221 Wincopin Circle, Columbia, MD 21044-3410.

Phone 410-715-3162

recommendation form

TO BE COMPLETED BY APPLICANT

- Name _____

Applying to the High School Student Exchange with (circle one): Cergy-Pontoise, France Tres Cantos, Spain

RECOMMENDER

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- Please comment on this student's suitability to participate in the exchange. Please address the following issues (you may include additional sheets if necessary).

Length of time and capacity through which you have known the student

The student's French/Spanish (as appropriate) linguistic ability, and linguistic and cultural interest.

The student's degree of maturity and responsibility.

The student's ability to adapt and remain flexible in unfamiliar situations.

You may return this completed form to the student in a sealed envelope, with your signature across the seal; or you may send it directly to the International Exchange Program to the address below. Forms must be received by the International Exchange Program by March 5, 2010.

Thank you very much for your assistance.

Name _____ Position/Title _____

Signature _____ Date _____

Please return to: Columbia Association International Exchange Program, 10221 Wincopin Circle, Columbia, MD 21044-3410.

Phone 410-715-3162

parent application and hosting agreement

A PARENT/GUARDIAN INFORMATION

Student's Name *As it will appear on passport* _____

Parent/Guardian Name *Who student lives with most of the time* _____

Occupation _____

Full Street Address *Include Zip Code* _____

Village *If in Columbia* _____ **CA assessment discount qualified?** *See instructions* Yes / No

Home Phone _____ **Home Phone** _____ **Cell Phone** _____

E-mail *Print Clearly* _____

Second Parent/Guardian Name _____

Occupation _____

Full Street Address *Include Zip Code* _____

Village *If in Columbia* _____ **CA assessment discount qualified?** *See instructions* Yes / No

Home Phone _____ **Home Phone** _____ **Cell Phone** _____

E-mail *Print Clearly* _____

B STUDENT'S PASSPORT/VISA

1. Does your child have a valid passport? Yes No If not, when will you apply? _____

2. Do you need assistance in applying for a passport? Yes No

3. Is your child a U.S. citizen? Yes No

If not, what country's passport will he/she be carrying to leave the U.S. and arrive in France or Spain? _____

4. Will your child need a visa? (Not applicable to U.S. or EEUU Citizens) Yes No

C CONFIDENTIAL INFORMATION

Please note that answering **YES** will not necessarily disqualify your student from participation.

1. Has anyone living in the home ever been convicted of a crime? Yes No

2. If yes, please give a brief explanation which gives the date and the description of the offense for which convicted. _____

continued on next page

C CONFIDENTIAL INFORMATION *continued*

3. Has anyone living in the home ever had his/her driver's license suspended or revoked? Yes No
4. If yes, please give brief explanation with date license was revoked, reason and date of reinstatement. _____

5. Does your child (going on the exchange) or a sibling drive? Yes No
6. If yes, will they be driving their host student around during the second half of the exchange? Yes No
7. Is the vehicle(s) that you and/or your student will be driving during the exchange insured at least to Maryland's minimum liability levels?
 Yes No

D HOSTING AGREEMENT • PARENTS

1. Have you ever hosted a foreign exchange student? Yes No If so, for how long?
2. Would you be willing to host a student of the opposite sex? Yes No
3. Would you allow your child to be hosted by a student of the opposite sex? Yes No
4. Will you (parents/guardians) be working during the second half of the exchange while the French/Spanish students are living at your home?
 Yes No If yes, full-time or part-time? _____
5. If both parents will be working, what arrangements will you make to ensure that your child and the French/Spanish student can get to field trips, group activities and local entertainment? _____
6. I/We, _____, the parents/legal guardians of _____ agree to:

- receive in my/our main place of residence during the U.S. portion of the program my/our son/daughter's exchange counterpart;
- be responsible for the lodging, maintenance (food, etc) and family activities of my/our son/daughter's exchange counterpart;
- be responsible for and treat our guest as one of my/our own children, and pay particular attention that he/she not be left alone;
- speak in English with our guest as much as possible and ask our family to do the same;
- try to make my/our son/daughter's exchange counterpart's stay in the U.S.A. as beneficial, productive and enjoyable as possible.
- notify the International Exchange Program Manager in case of any problems or concerns.

I/We hereby declare that I/we have reviewed the Columbia Association International High School Student Exchange Application Packet and that I am aware of and accept the program requirements for participation.

I further declare that I have reviewed my son's/daughter's application, that it is complete and accurate to the best of my knowledge, and that it is submitted with my consent.

I/We understand that completing this Application Packet does not guarantee acceptance into the high school exchange program.

Parent/Legal Guardian Signature _____ Date _____

Printed Name _____

Parent/Legal Guardian Signature _____ Date _____

Printed Name _____

program rules

As a participant in the CA High School Student Exchange Program, students act as ambassadors for Columbia, Howard County and the United States of America, and therefore are expected to maintain a high standard of behavior. Students who violate Program Rules may be sent home if participating in the overseas portion of the exchange and/or dismissed from the program in the U.S.

Driving of Motorized Vehicles Prohibited I/We agree that my/our child/children will not drive any motorized vehicle, including cars, motorcycles or motorbikes, while participating in the overseas portion of the exchange.

Hitchhiking Prohibited Under no circumstances will my child/children attempt to hitchhike while participating in this exchange program.

No Alcoholic Beverages I/We acknowledge that the Columbia Association and the High School Student Exchange Program have forbidden all exchange participants to consume any alcoholic beverages, including beer and wine.

No Illegal Drugs I/We acknowledge that the Columbia Association and the High School Student Exchange Program has forbidden the use of any drugs by the participants, save those prescribed by an examining physician and/or noted on the medical form.

Improper Behavior I/we understand that any student whose behavior, in the sole judgment of the Sister Cities High School Student Exchange chaperones and of the Columbia Association is inappropriate or dangerous or reflects unfavorably on the Columbia Association or the High School Student Exchange Program, may be sent home immediately and/or dismissed from the Program. The student's return from overseas will be at the family's expense and without supervision, after proper notification of the student's parent(s) and/or legal guardian(s).

Remaining in Host Country after Group Leaves I/We understand that no student will be allowed to remain in the host country after the group has left unless specific arrangements have been made with the Columbia Association before travel to Europe commences.

AGREED TO AND ACCEPTED

Participating Student's Signature _____ Date _____

Printed Name _____

Parent/Legal Guardian Signature _____ Date _____

Printed Name _____

Parent/Legal Guardian Signature _____ Date _____

Printed Name _____

program agreement

To be completed by Parents/Guardians.

MEDICAL INSURANCE

I/We have adequate medical, accident, dismemberment, and repatriation insurance coverage for my child/children.
I/We have verified this insurance coverage with my/our insurance agent(s) and have confirmed valid overseas coverage.
I/We understand that the Association provides no medical, accident, dismemberment, or repatriation insurance. Upon my/our child's acceptance into the program, I will complete the medical history and emergency form.

VEHICLE INSURANCE

I/we understand that the vehicles that I/we, my child or a sibling will drive during the exchange in the U.S. must be insured at least to Maryland's minimum liability levels.

CHAPERONES

I/We understand that the High School Student Exchange chaperones accompanying the students on the exchange will be hosted by and hosting the foreign group leaders, and will not be living with or be constantly present with my child. I/We understand that the responsibilities and guidelines for the chaperones include those stated below. The chaperones will attempt to monitor the general activities of the students; to remain aware of any problems or issues that may arise and intervene when necessary or possible; and to assist students with issues regarding culture shock, homesickness, problems with hosts or other program participants, and the like. I understand, however, that, while students have the information to and are encouraged to contact the chaperones regarding any issues or concerns, group leaders are not necessarily with the students outside of field trips and other organized group activities, and do not provide direct supervision during those periods outside of field trips and other organized group activities.

COMMUNICATION WITH CHAPERONES AND COLUMBIA ASSOCIATION

I/We agree to notify the International Exchange Program Manager if I/we will be out of town during all or some of the time my/our son/daughter is abroad, and provide a telephone number where I/we may be reached; notify the International Exchange Program Manager if we go out of town overnight during the U.S. portion of the exchange (in which case we will be taking our exchange student with us), and provide a telephone number where we can be reached.

CRIMINAL BACKGROUND CHECK

I/We understand that in the course of determining the suitability of a family for hosting an international student, Columbia Association will seek relevant background information in the form of a criminal background check.

RELEASE

I/We, _____, the parents/legal guardians of _____ hereby agree with the Columbia Association, Inc. (the "Association") to the following by affixing our signatures below on this date, _____, 20____. In connection with my/our child's participation in the Columbia Association High School Student Exchange Program (the "Program"), I/we understand and acknowledge the nature and extent of the activities that will be involved in the Program and assume the risks inherent in such activities on behalf of myself/ourselves and on behalf of our child/children. I/We voluntarily waive any and all claims, costs, liabilities, expenses (including attorneys' fees), and judgments against the Association, its directors, officers, employees, servants, subcontractors and agents, and hereby release, excuse and discharge the Association, its directors, officers, employees, servants, subcontractors and agents from all claims, costs, liabilities, expenses (including attorneys' fees), and judgments which may arise out of my child's/children's participation in the Program and all aspects attendant thereto. The undersigned further agree(s) to indemnify and hold the Association, its directors, officers, employees, servants, subcontractors and agents harmless from any and all claims, damages, actions, liabilities, expenses (including attorneys' fees), and judgments which may arise out of my child's/children's participation in the Program.

Parent/Legal Guardian Signature _____ Date _____

Printed Name _____

Parent/Legal Guardian Signature _____ Date _____

Printed Name _____

payment and refund policy

PROGRAM FEE

- The 2010 program fee is \$790. Applicants who reside on, or have one parent/guardian working full-time on or owning property subject to the Columbia Association property assessment, pay the **CA discounted fee, \$650**.
- The full program fee is due when the completed application is submitted, and may be paid with a personal check, money order or credit card. Application deadline is March 5, 2010.
- The program fee will be fully refunded if the applicant is not accepted into the program.
- 75 percent of the program fee will be refunded if the applicant withdraws his/her application in writing prior to March 26, 2010.
- Medical or other emergencies necessitating an applicant's withdrawal will be considered on a case-by-case basis.
- Except under the above stated conditions, the program fee is non-refundable.

AIRLINE TICKET

- The International Exchange Program manager will purchase airline tickets at group rates on behalf of the participants. The **estimated** cost of each ticket is between \$1,100 and \$1,500. The exact price of the tickets will be communicated to participants as soon as possible, once the total number of travelers is established and the reservations are finalized. A close estimate of the actual cost of the ticket should be available by late February or early March prior to departure.
- A non-refundable partial payment of the airline ticket in the amount of \$600 is due from participants by April 1 prior to the exchange.
- The due date for the remaining payment of the airline ticket will be communicated to participants in late winter or early spring. This due date shall be no later than mid-May prior to departure.
- The Columbia Association will purchase travel insurance, if available, on behalf of families who choose it. More information will be provided with flight information. For those who do not purchase it, airline tickets may be partially refundable up to seven weeks prior to departure, depending on the specific group reservation policies of the airline used. These refund policies are not under the control or responsibility of the Columbia Association. Any participant who chooses not to or is unable to travel will be responsible for contacting the airline directly to seek any possible refunds or credits.

If you have any questions please contact the International Exchange Program at 410-715-3162.

I have read and accept the above policy.

Parent/Legal Guardian Signature _____ Date _____

Printed Name _____

creditcard payment form

Child's Name _____

Please charge my Visa Master Card American Express Discover

Account Number _____ Exp Date _____ 3 Digit Security Code _____

Amount \$ _____ Print Name *As it appears on card* _____

Signature _____ Date _____

Billing Street Address _____

City _____ State _____ Zip Code _____

Please send this form with application packet to:

Columbia Association
10221 Wincopin Circle
Columbia, MD 21044
or fax to 410-715-3043

*Note: Payment will show as **CA Camps** on credit card statement.*

Columbia Association **INTERNATIONAL EXCHANGE PROGRAM**
High School Student Exchange Summer2010

associate verification form

This form is to be completed (one form per family) by applicants who do not live on property assessed by the Columbia Association, but who qualify for resident rates by working full-time on, or owning property assessed by the Columbia Association. Associate Verification Forms must be renewed annually. Associate resident status is not retroactive.

Student Name _____

Parent/Guardian Name _____

In order to be eligible for resident rates, one of the following criteria must be met:

Owner of CA assessed property (proof of ownership required) complete Section 2 only.

OR

Full-Time employee who works on CA assessed property, complete all sections,

Property Address _____

Section 1 EMPLOYEE INFORMATION

Employee Name _____

Company's Name _____

Company's Street Address (No P.O. Boxes) _____

Phone Number _____

COMPANY AUTHORIZATION *(Must be completed and signed by employer. The applicant may not complete this section.)*

In my position of _____ at _____ which is located on CA assessed property. I am authorized to attest that _____ is employed full-time.

Signature _____ **Date** _____

Print Name _____ **Phone** _____

Section 2 By signing below, the applicant acknowledges that all information listed is true and correct as of the date of this application. Applicant further agrees to notify the Columbia Association at 410-715-3162 of any changes in associate resident status.

Signature of Applicant _____ **Date** _____

To be completed by Columbia Association Representative

Approval Signature _____ **Date** _____

Code _____ **Date Received** _____

Income Qualified Application Effective Summer 2009 & 2009-2010 School Year

School Age Services*, Summer Camps, Sister Cities High School Student Exchange

Reduced rate programs are available for Columbia residents who live on or work full-time on property subject to the CA assessment and whose household income is within the Columbia Association guidelines. **Reduced rate is not retroactive and is good for fees incurred after the approval date only. All information in this packet must be re-submitted every year.**

1. Name (head of household) _____

Phone Number (home and work) _____

Social Security Number _____

Street Address _____

City _____

State, Zip _____

Annual Gross Income from all sources _____

Family Size _____

INCOME GUIDELINES FOR REDUCED RATE
based on federal guidelines developed by HUD

Family Size	Income Limit Guidelines 50% Reduction	Income Limit Camps 75% Reduction
2	\$51,200	\$26,700
3	\$57,600	\$32,990
4	\$64,000	\$39,270
5	\$69,100	\$45,560
6	\$74,250	\$51,840
7	\$79,350	\$53,020
8	\$84,500	\$54,200

Family Member Name, Birthdate *All dependents listed below must be listed on the tax printout.*

01 _____	05 _____
02 _____	06 _____
03 _____	07 _____
04 _____	08 _____

I wish to apply for the reduced rate for (check all that apply) Summer Camps School Age Services Sister Cities High School Student Exchange
Please allow 8-10 business days for approval for Camps and School Age Services. Call 410-715-3162 for Sister Cities timelines.

2009 PROGRAM	SCHOOL AGE SERVICES	SUMMER CAMPS	SISTER CITIES HIGH SCHOOL STUDENT EXCHANGE
<i>The reduced rates are applicable to —</i>	Regular Monthly Tuition Full Day Programs	Camp Fees Extended Care Fees	Airline Tickets Program Fees <i>(International Exchange awards will vary according to funds available and number of qualifying applicants)</i>
<i>For more information call</i>	410-715-3164	410-715-3165	410-715-3162

For all programs the reduction in rate is not applicable for the following —
Late payment fees • Late pickup fees • Return check fees • Registration and Application fees
* Reduced rate is available for Howard County residents for School Age Services only, as the programs are held in the public schools.



SUPPORTING DOCUMENTATION

Incomplete packets will be returned causing a delay in processing. Reduced rate is not retroactive and is good for fees incurred after the approval date only. All information in this packet must be re-submitted every year.

- Copies of birth certificates for each child listed as a dependent.
- Income verification
 - Residents of Harper House, Community Homes, Hickory Ridge Place, Longwood, Owen Brown Place, Rideout Heath, Shalom Square, Sierra Woods, and Stevens Forest Apartments may verify income with a letter from his/her resident manager which lists his/her income and names of dependent(s). This information must be stamped, signed or on official letterhead. Applicants who do not live at any of the listed residences, but who receive public assistance, may provide a TCA printout from the Howard County Department of Social Services stamped or signed by DSS.
 - All other applicants must provide an official IRS computer generated transcript of 2008 tax return (it must include the annual income, number of exceptions, and must include the cover letter or be stamped or signed by the IRS). You may request the documents by calling 1-800-829-1040.
- Applicants who do not live on CA assessed property must complete and submit an associate verification form if applicable.
- School Age Services and Camp applicants who currently meet income eligibility guidelines for Department of Social services (DSS) vouchers must first apply to DSS. If DSS services are denied written verification of denial of services must accompany this application. Contact DSS at 410-872-8700 for information on applying for vouchers.
- If the income on the tax return indicates income eligibility for DSS vouchers, but income status has changed, you may submit the most recent pay stubs for the last month as verification of current income instead of denial letter from DSS.
- I understand that approval of this application depends on my ability to comply with the Columbia Association Income Verification Requirements. I will provide an official IRS computer generated transcript of my 2008 tax return. You may request the documents by call 1-800-829-1040. This is the only document that the Columbia Association will accept. There are no exceptions to this requirement.
- I verify that the information I have provided on this application is correct and that the IRS documents are valid. I further agree to notify the Columbia Association should my income rise above the limits stated herein before my approved participation is up. I understand that failure to comply with these requirements will result in revocation of my participation privileges and will require payment at regular rates for privileges already used. I have read and agree to all the provisions on this application.

Signature _____ **Date** _____

Approved (Manager) _____ **Date** _____

Supplying false income tax information is a crime punishable by law. **ID#** _____

COMPLETED APPLICATION with supporting documentation should be mailed to:
Columbia Association • Community Services • 10221 Wincopin Circle • Columbia, MD 21044

- Approved School Age Services 2009-2010 Approved Sister Cities 2010
 Approved Summer Camps 2009 at 50% Approved Summer Camps 2009 at 75%

