

Columbia Association **INTERNATIONAL EXCHANGE PROGRAM**  
**Sister Cities High School Student Exchange** *Summer 2020*

# application packet

CERGY-PONTOISE, FRANCE  
and TRES CANTOS, SPAIN

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# program overview

**E**very summer, Columbia Association's (CA) 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 High School Student Exchange Program 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.

Each American student is matched with a French or Spanish high school student. While abroad, each student lives with that student and their family in Cergy-Pontoise or Tres Cantos for approximately two weeks, and later hosts that same student in his or her home in the U.S. Adult chaperones (frequently 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 with nothing scheduled.

All participating students receive a temporary CA Fit&Play 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 July 31. Exact dates are usually available by March, as they are dependent on our sister cities and airfares. This exchange provides an exciting, educational, and overall unforgettable experience in which students have the opportunity to make lifelong friends with both foreign and area students.

## **CHAPERONES**

Adult chaperones accompany each group of students to France and Spain (1 to 10 ratio). Chaperones attend, supervise and participate in all organized group activities, both abroad and in the U.S. 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. They are also responsible for enforcing the exchange program rules.

The chaperones are hosted by the Spanish and French program chaperones and live with them. They are with the students every time there is a planned program activity. When they return to the U.S., the chaperones host and entertain their French and Spanish counterparts. Chaperones attend student and parent orientation sessions to get to know the students before traveling to France and Spain.

Students are encouraged to share their concerns or problems as soon as they arise by contacting their chaperones via text message (WhatsApp), phone calls or email.

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# program overview

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## **PROGRAM REQUIREMENTS**

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

- Be a high school student in 10th-12th grade and have completed level III 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 Howard County resident.
- Be able to travel to France or Spain from the end of June to mid-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, Spanish and French students during the second half of the exchange. (Students **may not work or participate in other programs** during the entire length of the exchange.)
- Pay the 2020 program fee of \$850. The fee is \$700 for applicants who reside on CA-assessed property, or have one parent/guardian working full-time on or owning property subject to CA's property assessment. 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 \$1,000 and \$1,400. CA 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. Parents may purchase the airline ticket with mileage, in coordination with the program manager.

*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.*

# program overview continued from previous page

## **APPLICATION PROCESS AND ORIENTATIONS**

### • **Complete the Application Packet**

Students and parents must complete and sign all forms in the application, following the instructions carefully, and return it to Columbia Association by February 21. The student must provide two letters of recommendation (one from their current French or Spanish teacher). Letters of recommendation can be returned with the application or emailed directly to the program manager at [Grace.Chang@ColumbiaAssociation.org](mailto:Grace.Chang@ColumbiaAssociation.org).

### • **Home Visit**

Once we have received the complete application, we will contact you to schedule a home visit, during which the student applicant as well as the parents/guardians and siblings must be present. The home visit will last approximately one hour and will take place by mid-March, at a time convenient for the family (evenings and weekends). You will be asked some questions in French or Spanish. A headshot photo of you will be taken at the home interview that will be included with the pages of your application that are sent to France or Spain, or you can provide a passport 2" x 2" headshot or a school photo. As a condition of being accepted into the program, the student and parent(s) will sign additional forms, including Program Rules, Hosting Agreement, medical forms, a Photo-Video Release and a Background Check Form.

### • **Upon Acceptance**

Criminal background checks will be done for adult family members living in the home. The program fee will be due within three days upon receipt of program acceptance letter.

### • **You Will Need a Passport to Travel**

Applicants must have a valid passport. Your passport must be valid beyond February 2021. Those who do not have a valid passport should apply as soon as possible, as applications can take 6-12 weeks to process. For detailed instructions on obtaining a U.S. passport, go to the State Department website: [travel.state.gov/passport](http://travel.state.gov/passport). The East Columbia Branch of the Howard County Library accepts passport applications. For hours and documents needed, go to [hclibrary.org/how-do-i/passport-center](http://hclibrary.org/how-do-i/passport-center) (passport photos can also be taken there). Students with foreign passports may need a visa to travel to France/Spain.

### • **Orientation Sessions**

Between April and June, students and parents will attend several orientation sessions, which allow students to meet their fellow participants and chaperones. Parents will also get to meet their fellow program parents. Students and parents will learn about cultural differences, travel plans, and what to pack, and have many opportunities to get questions answered. You'll also meet the chaperones and find out about the city where you will be living for two weeks in France or Spain.

### • **Family Potluck**

In June, before the students depart for France or Spain, the participants, their parents and siblings as well as the program chaperones get together at Columbia SportsPark.

# application packet checklist

## INSTRUCTIONS

Congratulations on your decision to apply for the *2020 Columbia Association Sister Cities High School Student Exchange*. Please complete the Application Packet. There are sections for the student to complete and sections for the parent(s). Make sure the 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 February 21, 2020.**

- Student Application** The student should complete the questions in this section, as well as the “Student Personal Statement” (two typed paragraphs, in English) and sign it. The information in this section is used to match you with a student in France or Spain and will be shared with the student you are matched with and your host family there. Parents should review for accuracy.
- Two Letters of Recommendation** Use the recommendation forms found on pages 10 and 11 in the Application Packet and give them to a teacher or coach or another adult (not family) to complete. One of the recommendations must be from your current French/Spanish teacher. Letters of recommendation must be received by the International Exchange Program by **Friday, March 2, 2020**.
- Cultural Exchange Agreement** Students and parents should read and sign this form.
- Program Rules** Students and parents should read and sign the Program Rules.
- Parent(s)/Guardian(s) Disclosure Form** Complete and sign this form. The information on this form is necessary to process your child’s application.
- Program Agreement for Parents** Parent(s)/guardian(s) should carefully read the Program Agreement, sign it and return it with the application.
- Payment and Refund Policy Form** Parent should sign this form and include it with the application. The 2020 Program Fee is \$850. Applicants who reside on, or have one parent/guardian working full-time on or owning property subject to Columbia Association’s annual charge, pay the CA discounted fee of \$700. Payment will be required within three business days of being accepted into the program.
- 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.
- Income-Qualified Application (if applicable)** Reduced-rate programs are available for Columbia residents who live on or work full-time on property subject to CA’s annual charge and whose household income is within Columbia Association’s guidelines. Please call 410-715-3162 for more information on the reduced-rate program.

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

*Bring or mail your completed application to Columbia Association International Exchange Program,  
6310 Hillside Court, Suite 100, Columbia, MD 21046.*

**Application deadline: February 21, 2020**

Columbia Association **INTERNATIONAL EXCHANGE PROGRAM**  
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# student application

## CONTACT INFORMATION

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

**Student 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 \_\_\_\_\_

Columbia village if applicable \_\_\_\_\_

Home telephone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email please print clearly \_\_\_\_\_

High school \_\_\_\_\_ Grade \_\_\_\_\_

**Name of Parent/guardian** *with whom student lives with most of the time* \_\_\_\_\_

Occupation \_\_\_\_\_

CA assessment discount qualified?  Yes  No Please see Associate Verification instructions under forms.

Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_

Email print clearly \_\_\_\_\_

**Name of Second parent/guardian** \_\_\_\_\_

Address if different from student's primary address \_\_\_\_\_

Occupation \_\_\_\_\_

CA assessment discount qualified?  Yes  No Please see Associate Verification instructions under forms.

Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_

Email print clearly \_\_\_\_\_

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**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. \_\_\_\_\_

How would you rate your French/Spanish **speaking** skills? *Circle one.*

1      2      3      4      5  
Low      Intermediate      Fluent

How would you rate your French/Spanish **listening/comprehension** skills? *Circle one.*

1      2      3      4      5  
Low      Intermediate      Fluent

Do you speak any other foreign languages? *Check one*  Yes  No If so, which? \_\_\_\_\_

**C INTERNATIONAL TRAVEL**

Have you ever traveled outside of the United States? *Check one*  Yes  No If so, where? \_\_\_\_\_

**D HOSTING A STUDENT IN YOUR HOME**

Would you (student) be willing to be hosted by a student of the opposite sex? *Check one*  Yes  No

Would your family be willing to host a student of the opposite sex? *Check one*  Yes  No

Has your family ever hosted a foreign exchange student? *Check one*  Yes  No If so, for how long? \_\_\_\_\_

**E PETS**

1. Do you have any pets in your house?  Yes  No \_\_\_\_\_

2. If yes, what kinds of animals? (e.g. dog, cat, fish, rabbit, snake, bird) \_\_\_\_\_

3. Can you live in a home with a pet while overseas?  Yes  No

4. If no, please indicate which kind of pet you would prefer not to live with. \_\_\_\_\_

5. I am allergic to (type of animal) \_\_\_\_\_

**F 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

3. Do you have asthma or physical problems with smoking?  Yes  No Comment: \_\_\_\_\_

**G DIETARY RESTRICTIONS**

1. I **cannot** eat /drink due to medical or religious reasons: \_\_\_\_\_

2. I **prefer** not to eat/drink \_\_\_\_\_

**H FAMILY**

1. Describe your home? *Check most appropriate*  Apartment  Townhouse  Single-family house
2. Who do you live with? Example: mother, father, uncle, grandmother, grandfather, brother(s), sister(s), friend(s), renter(s).

**Name** *Age, Relationship to applicant* \_\_\_\_\_

3. When you are at home, what does your family do together? \_\_\_\_\_

4. When your family goes out, what do you like to do? \_\_\_\_\_

5. What would you like to do with your French or Spanish teen here in the U.S.? \_\_\_\_\_

**I DESCRIBE YOURSELF** *Your answers to the questions below will be used to match you with a student and family in Spain or France. Please answer each question as thoroughly and honestly as possible.*

1. What activities are you involved in? (e.g. sports, band, theater, chorus, clubs, classes/lessons, volunteering) \_\_\_\_\_

2. What are your favorite things to do? *Check boxes and indicate how many hours per week you spend on each activity.*

shopping \_\_\_\_\_  play video games \_\_\_\_\_  watch TV/stream shows \_\_\_\_\_  movies \_\_\_\_\_

read books \_\_\_\_\_  outdoor activities \_\_\_\_\_  sports  hobbies \_\_\_\_\_  other interests \_\_\_\_\_

Please provide details of your favorite things to do (e.g. names or genres of favorite shows, video games, books, stores, websites, sports, hobbies). \_\_\_\_\_

3. Who do you like to hang out with:  one or two close friends  a small group of friends  a large group of friends

4. What do you like to do with your friends? \_\_\_\_\_

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5. How important is music in your life? *Circle number* Not very 1 2 3 4 5 6 7 Very important

6. What kinds of music do you like? *Check boxes*

country  hip/hop  indie  musicals  pop  rap  rock  jazz  other  none

List favorite singers/groups \_\_\_\_\_  
\_\_\_\_\_

7. How much "down time" or time by yourself do you need?  a few hours a day  less than an hour a day  none

8. In summer, are you:  a morning person *(to bed by 10pm, get up by 9am)*  a night owl *(to bed after midnight, get up after 11am)*  In between *(to bed by 11:30pm, up by 10am)*

9. How important is social media to you in your everyday life? *Circle number* Not very 1 2 3 4 5 6 7 Very important

10. What social media apps do you use and how do you use them? (e.g. talk with friends, post photos, look up information, etc.)

## **J** PERSONALITY

1. Please describe your personality (or how your friends would describe you). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Please circle the number that matches your personality on the numbered scale below, so we can best match you.

*For example: If you are very shy, circle 1; if you are very outgoing, circle 5. If you are in-between shy and outgoing, select the number that is closest to the quality that reflects your personality.*

Shy/quiet	1	2	3	4	5	Outgoing	Calm/chill	1	2	3	4	5	High-energy
Homebody	1	2	3	4	5	Active/out doing things	Spontaneous	1	2	3	4	5	Planner
Listener	1	2	3	4	5	Talker							

3. What type of personality or traits would you like your exchange teen to have? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. What kind of a person would you not get along with? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **K** 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. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that I am aware of and accept the requirements for participating in Columbia Association's Sister City High School Student Exchange program and that the information provided in this application is correct to the extent of my knowledge.

\_\_\_\_\_  
**Student's name**

\_\_\_\_\_  
**Signature of student**

\_\_\_\_\_  
**Date**

# studentpersonalstatement

## TO BE COMPLETED BY APPLICANT

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

**In English, type on two separate pieces of paper answering the questions below. These essays will be shared with the student you are matched with.**

1. Explain why you want to participate in the exchange and what you hope to get out of it.

2. Tell your potential exchange student about yourself — e.g. your personality, likes/dislikes, what you do in your daily life. Please give lots of details. It helps with matching you with someone who has similar interests.

**Please make sure to put your name and name of the sister city you are applying to (Cergy-Pontoise, France or Tres Cantos, Spain) at the top of your typed personal statement. Be sure to include your Student Personal Statement with your application packet.**

Columbia Association **INTERNATIONAL EXCHANGE PROGRAM**  
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# recommendation form

## TO BE COMPLETED BY APPLICANT

Name of student applicant: \_\_\_\_\_

**Applying to the Sister Cities High School Student Exchange with (circle one):** Cergy-Pontoise, France      Tres Cantos, Spain  
*Please give this recommendation form to the two teachers or other adults whom you are asking for a recommendation. One recommendation must be from your current Spanish or French teacher.*

**Program Description:** This is a summer home-stay, reciprocal exchange that includes travel to and living in France or Spain. It is a language and cultural immersion program. During the first half of the exchange, the Howard County student applicant will spend approximately two weeks living with a French/Spanish student and their family in Europe. During the second half of the exchange, the student will host their French/Spanish counterpart here in Howard County for approximately two weeks. For more information, visit [ColumbiaAssociation.org/teenexchange](http://ColumbiaAssociation.org/teenexchange).

## TO THE TEACHER OR ADULT PROVIDING THE RECOMMENDATION

You are being asked to provide a recommendation for the above-named student. Please comment on the student's suitability to participate in Columbia Association's Sister Cities High School Student Exchange in July 2020. Please visit our Google Form at [ColumbiaAssociation.org/screc](http://ColumbiaAssociation.org/screc) to provide your recommendation.

If you prefer to provide your recommendation via email, please address the following topics in the body of an email sent to [Grace.Chang@ColumbiaAssociation.org](mailto:Grace.Chang@ColumbiaAssociation.org).

- Length of time and capacity through which you have known the student.
- Student's French/Spanish speaking/comprehension skills on a scale of 1 to 5, 1 being basic and 5 being fluent.
- Student's degree of maturity and responsibility.
- Student's ability to adapt and remain flexible in unfamiliar situations.
- Student's cultural and travel interests.

Recommendations must be received by the International Exchange Program by Friday, March 2, 2020. Thank you very much for your willingness to provide a recommendation for this student.

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# recommendation form

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- Student's cultural and travel interests.

Recommendations must be received by the International Exchange Program by Friday, March 2, 2020. Thank you very much for your willingness to provide a recommendation for this student.

# culturalexchangeagreement

**C**olumbia Association's Sister Cities High School Student Exchange Program involves hosting students in family homes. The American students will be hosted by a family in France or Spain for two weeks in the beginning of July. You and your family will then host the Spanish or French student in your home during the last two weeks of July.

## **STUDENT PARTICIPANT**

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. as beneficial, productive and enjoyable as possible.
- Participate in all group activities, accompanying my French or Spanish counterpart.
- 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 or Spain and to the schedules and lifestyle of the family who will host me.
- Respect the rules of my host parents and be courteous to my host family.
- Abide by the instructions of the group leaders, program staff and my host parents.
- Notify your chaperones or program manager in case of any problems or concerns.

Student signature \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_

## **PARENTS/LEGAL GUARDIANS**

I, the undersigned, \_\_\_\_\_ agree to:

- Receive in my main place of residence during the U.S. portion of the program my son/daughter's exchange counterpart.
- Be responsible for the lodging and family activities of my son/daughter's counterpart.
- Be responsible for all food, both at home and out of the home, including bag lunches and money to purchase meals on day trips and on free days.
- Provide transportation to day trip drop-off locations, and to activities on free days and evenings.
- Be responsible for and treat our guest as one of my 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 son/daughter's exchange counterpart's stay in the U.S. as beneficial, productive and enjoyable as possible.
- Notify the chaperone(s) and/or exchange program manager in case of any problems or concerns.
- Cover food expenses during the U.S. portion of the program if, for any reason, we are unable to host our son/daughter's exchange counterpart in my/our residence for all or any part of the stay.

Parent/legal guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_

Parent/legal guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_

# program rules

As a participant in CA's Sister Cities 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 the 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 agree that my child 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 attempt to hitchhike while participating in this exchange program.

- **No Alcoholic Beverages**

I acknowledge that Columbia Association and the Sister Cities High School Student Exchange Program have forbidden all exchange participants to consume any alcoholic beverages, including beer and wine.

- **No Illegal Drugs**

I acknowledge that Columbia Association and the Sister Cities High School Student Exchange Program have 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 understand that any student whose behavior, in the sole judgment of the Sister Cities High School Student Exchange chaperones and of Columbia Association, is inappropriate or dangerous or reflects unfavorably on Columbia Association or the Sister Cities 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 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 Columbia Association before travel to Europe commences.

Student signature \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_

Parent/legal guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_

Parent/legal guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_

# parent disclosure form

Name of parent completing form \_\_\_\_\_

## **A PARENT AVAILABILITY**

1. Will parents/guardians be working during the second half of the exchange while the foreign student is living at your home?  Yes  No

No

If yes, full-time or part-time? \_\_\_\_\_

2. What arrangements will you make to ensure that your child and the foreign student can get to field trips, activities and local entertainment?

## **B STUDENT'S PASSPORT/VISA**

1. Does your child have a passport valid beyond February 2021?  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? \_\_\_\_\_

**C** 4. Will your child need a visa? (not applicable to U.S. or EU citizens)  Yes  No

**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

**D** 2. If yes, please give a brief explanation that gives the date and the description of the offense for which convicted. \_\_\_\_\_

## **DRIVING INFORMATION**

1. Does your child (going on the exchange) or a sibling drive? (i.e. have their full license)  Yes  No

2. If yes, will they be driving their host student during the second half of the exchange?  Yes  No

3. 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

4. Has anyone living in the home ever had his/her driver's license suspended or revoked?  Yes  No

5. If yes, please give brief explanation with date license was revoked, reason and date of reinstatement. \_\_\_\_\_

I hereby declare that I 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 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 agreement

**To be completed by parents/guardians.**

**MEDICAL INSURANCE**

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

**VEHICLE INSURANCE**

I understand that the vehicles that I, 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 understand that the Sister Cities 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 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, chaperones 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 agree to notify the International Exchange Program Manager if I will be out of town during all or some of the time my son/daughter is abroad, and provide a telephone number where I 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 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, \_\_\_\_\_, the parents/legal guardians of \_\_\_\_\_ hereby agree with 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 Columbia Association's Sister Cities High School Student Exchange Program (the "Program"), I 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 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 that 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 that 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 2020 program fee is \$850. Applicants who reside on, or have one parent/guardian working full-time on or owning property subject to Columbia Association’s annual charge, pay the **CA discounted fee of \$700**.
- The full program fee is due after the home visit interview is completed and within three business days of acceptance into the program, and may be paid with a personal check, money order or credit card.
- For credit card payments, a secure link for payment will be sent via email upon acceptance to the program.
- The program fee will be fully refunded if the applicant is not accepted into the exchange program.
- 75 percent of the program fee will be refunded if the applicant withdraws his/her application in writing within 30 days of being accepted into the program.
- 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 nonrefundable.

## 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 \$1,000 and \$1,400. 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 2019, prior to departure.
- A nonrefundable partial payment of the airline ticket in the amount of \$600 is due from participants by April 2, 2020 prior to the exchange.
- The due date for the remaining payment of the airline ticket will be communicated to participants in early spring. This due date shall be no later than May 20, 2020, prior to departure.
- Columbia Association will provide information regarding travel insurance for those families who choose it, along 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 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.
- Parents may purchase the airline ticket with mileage in coordination with the program manager.

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 \_\_\_\_\_

Parent/legal guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_

Columbia Association **INTERNATIONAL EXCHANGE PROGRAM**  
**Sister Cities High School Student Exchange** *Summer 2020*

# associate verification form

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

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 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 2019-2020 School Year

## 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 CA's assessment and whose household income is within 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 resubmitted every year.**

**COMPLETED APPLICATION** with supporting documentation should be mailed to:  
 Columbia Association • Community Services • 6310 Hillside Court, Suite 100 • Columbia, MD 21046

**Name** (head of household) \_\_\_\_\_

**Phone number** (primary) \_\_\_\_\_

**Phone number** (alternate) \_\_\_\_\_

**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
2	\$60,400
3	\$67,950
4	\$75,500
5	\$81,550
6	\$87,600
7	\$93,650
8	\$99,700

**Family member name, Date of birth** *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 CA's Sister Cities High School Student Exchange.  
 Call 410-715-3162 for Sister Cities timelines.

PROGRAM	SISTER CITIES HIGH SCHOOL STUDENT EXCHANGE
The reduced rates are applicable to	Summer 2020 Airline Tickets and Program Fees <i>(Sister Cities awards will vary for airline tickets according to funds available and number of qualifying applicants)</i>
For more information, call	410-715-3162

**For all programs the reduction in rate is not applicable for the following —**  
 Return Check Fees • Registration and Application Fees

# income qualified application Effective Summer 2019-2020 School Year

## Sister Cities High School Student Exchange

*continued from previous page*

**Note: If applying for a reduced rate, please sign and submit this page.**

### 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 resubmitted every year.

- Copies of birth certificates for each child listed as a dependent.
- Income verification
  - Residents who receive government assistance (TCA, DEEP, public housing, Section 8 housing, Medicaid, SSI, SSDI) may provide a current statement of benefits from the Howard County Government or appropriate governmental agency.
  - All other applicants must provide an official IRS computer-generated transcript of 2018 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). This transcript is available at no charge and can be requested by calling 1-800-908-9946 or online at irs.gov.
- Applicants who do not live on CA-assessed property must complete and submit an associate verification form. (Not applicable for SAS)

I understand that approval of this application depends on my ability to comply with Columbia Association residency Income Verification Requirements.

I verify that the information I have provided on this application is correct and that the supporting documentation is valid. I further agree to notify 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#** \_\_\_\_\_

Approved Sister Cities 2020 at 50% of fee

CA-assessed property (please check appropriate box)  Yes  No

Verified by \_\_\_\_\_