

Mail application to :  
Nicaragua Summer Exchange  
4017 Tokay Blvd.  
Madison, WI 53711



Please attach  
one wallet size photo of  
applicant  
(required)

A P P L I C A T I O N S U M M E R 2 0 1 0

Application Fee: \$400.00, make check or money order to: Nicaragua Summer Exchange  
(The Application fee is included in the total program tuition and is fully refundable before January 2nd)

2010 Program Tuition: \$3950.00

Please circle your preferred 2010 program dates:

1<sup>st</sup> Session: June 13 - July 10 / 2<sup>nd</sup> Session: July 11 - August 7

Personal information: *Write name clearly and exactly as it will appear on your passport.*

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Age \_\_\_\_\_ (at program start date) Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you a U.S. Citizen? \_\_\_\_\_ Passport Number \_\_\_\_\_ Date Passport expires \_\_\_\_\_

(If applying for passport e-mail the information later) Name of nearest major Airport \_\_\_\_\_

Name of your high school \_\_\_\_\_ Grade level \_\_\_\_\_ Spanish teacher \_\_\_\_\_

Parental/Guardian Information: *Carefully print below your most reliable parent e-mail address, we use this e-mail for important program information and for communicating from Nicaragua:*

email: \_\_\_\_\_

Mother Name: \_\_\_\_\_ Phone numbers: 1. ( ) \_\_\_\_\_ 2. ( ) \_\_\_\_\_

Father Name: \_\_\_\_\_ Phone numbers: 1. ( ) \_\_\_\_\_ 2. ( ) \_\_\_\_\_

Other Guardian/Emergency contact: Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

In order to enjoy a safe, healthy and rewarding experience; Parents please describe below in detail any special needs!

(Medical conditions, prescriptions, religious beliefs, etc.)

-----  
-----  
-----  
-----  
-----

## Community Service/Youth Exchange (Application part two)

During our afternoon youth service we provide the energy to sponsor fun and positive events that help support the goals of local neighborhoods and children centers.

Students are most successful interacting with local youth when they incorporate their own interests!

Please circle only one primary youth service category:

1. Music (teaching or playing an instrument)
2. Dance (teaching or performing)
3. Sports (teaching or playing sports)
4. Tutor (Math or Reading)
5. Games (teach and promote fun activities: jump rope, hopscotch, tops, Chess, ect.)
6. Art (teach or help lead an art project such as painting, arts & crafts using local resources,)

In the primary category you just selected describe your experience/skills: (example: I can teach soccer skills, I play high school soccer and have participated in soccer camps and clinics since I was eight years old.)

---

---

---

Circle your Spanish level:

- Motivated beginner -                      -Some understanding but don't speak -                      -Can speak short sentences-
- I have solid Spanish skills but lack speaking experience -                      -I'm confident in Spanish, ready for a real challenge-

Circle below two primary cultural activities that you would enjoy exploring during your morning Spanish Session:

1. Painting    2. Arts and Crafts    3. History/Politics    4. Music    5. Photography    6. Pottery    7. Cooking

Years studied Spanish \_\_\_\_\_ Ever traveled to Latin America? \_\_\_\_\_

Host Family:

My favorite foods are \_\_\_\_\_

Host family lodging: (leave blank if you have no preference)

1. I'm willing to share a room with my host sister/brother (same gender)

2. I need a private room

How would you describe yourself: (example: early riser, somewhat shy, enjoy reading, I have a pet dog, picky eater)

---

---

---

Student - Parent Reality Check (Application part three)

Please circle below the numbers that you agree with!

1. My interest in participating in this high school exchange are my own, not my parents or my friends.
2. My actions in country will reflect the values of my country, my family and myself.
3. I understand that this is a full immersion program, and not a tour trip!
4. A new culture, language and home life will require extra patience, additional energy and plenty of humor.
5. I realize that I will have to adapt to the local environment and not the other way around.
6. It is my responsibility to understand and adapt to the rules and changes that may occur.
7. Alcohol or drug use will result in immediate dismissal.
8. I will speak only Spanish during Spanish sessions and I will make a commitment to interact with local people.

STATEMENT OF RESPONSIBILITY, AND AUTHORIZATION TO PARTICIPATE

I affirm that the information I have given in support of my application is correct to the best of my knowledge. My participation in the program is voluntary. With acceptance of my application, I will: (1) assume full legal and financial responsibility for my stay in Nicaragua; (2) voluntarily and without reservation on behalf of myself, my heirs, and my estate, hold harmless the Nicaragua Summer Exchange Program, its employees and partners, from any and all liability, loss, damages, costs, and expenses related to the Nicaragua study program (including those related to travel to and from the program site). (3) grant the Nicaragua Summer Exchange Program, its employees and partners full authority to act in any attempt to safeguard and preserve my health or safety during my participation in the program including authorizing medical treatment on my behalf. (4) take no unnecessary risks during my stay abroad, and understand that participation in this program has inherent risks (activities such as, but not limited to, sports, swimming, hiking, etc., these activities are offered for enjoyment, but are not mandatory); (5) make immediate repayment at the conclusion of the program for any special expense incurred on my behalf or for funds advanced to me; (6) conform to all standards of conduct related to my Nicaragua Summer Exchange Program; (7) accept termination of participation in the program abroad with no refund of fees and accept responsibility for extra- transportation costs to my home if I fail to maintain the program standards; (8) consent to film or video likeness of me being used in promoting this educational program, and I agree to such use.

PROGRAM STANDARDS OF CONDUCT:

Absolute respect, cooperation and compliance with program staff, teachers, school directors and host families. Absolutely no alcohol, drugs, smoking or physical relationships. As a student participant I agree to uphold the program rules which include curfews, safety guidelines, and personal conduct. I have read and understand this form completely. I have read the program "Terms and Conditions" and by signing below agree to those terms. As Parental Guardian I affirm my son/daughter is in excellent physical and mental health and has the maturity to adapt to the challenge of living in a foreign community. While attending the Nicaragua Summer Exchange Program my son/daughter is under the authority and guardianship of the Program Director. As parental guardians we have a copy of the program Terms and Conditions and by signing below we agree to those terms and the terms of this application.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_