Information and Instructions

Information - Scholarships and Funding

Scholarships are available to students whose families qualify for free or reduced price meals under the Richard B. Russell School Lunch Act and/or other applicable law during the school year prior to the current delegate year (i.e. 2023-2024 applicants must be eligible for free or reduced price meals during the 2022-2023 school year). An application form is attached.

Instructions - Student Section

Pages 1 through 3 are to be completed by the student. The student's signature is required under the section "Conditions of Participation" on page 5.

Instructions - Parent(s) or Guardian(s) Section and Family Application for Hosting

Pages 4 through 9 are to be completed by a parent or guardian. Signatures are required under sections "Conditions of Participation (for Student and Family)", "Consent for Release of Grades and Information about Student Behavior by School Officials", and "Japanese Exchange Program Consent to Participation and Release of the Lenawee Intermediate School District Liability".

Instructions - Criminal Conviction History Consent and Statement of Understanding Forms

Each adult in the household must complete the *Application for Non-Paid Position (Background Check)* form. Print as many of the forms as needed in order to comply. Contact the LISD at 517-265-1615 with questions.

Instructions - Scholarship Application

If qualified, complete and sign under the "Nonrefundable Expenses Reimbursement" and "Consent to Release of Free & Reduced Lunch Verification" sections.

Application Deadline - Friday, March 24, 2023

Enclose:

- 1. Pages 1-7 of the Delegate Application
- 2. Grade Report (copy of most recent)
- 3. Teacher recommendation form, sealed (Page 12)
- 4. Student essay
- 5. Application for Non-Paid Position (background check) form for each adult living in the household (with a photocopy of the adult's current driver's license)
- 6. Scholarship Application (if qualified)

Mail or Drop Off to:

Molliey Ameno-Gill, Japanese Program Coordinator Lenawee Intermediate School District (Wm. J. Ross ESC) 4107 N. Adrian Hwy. Adrian, MI 49221



Lenawee - Moriyama Middle School Exchange Program Delegate Application 2023-2024

Place your photo here

Application Date: _

Minimum Qualifications for Selection

The following minimum qualifications must be met by all delegates:

- In 7th or 8th grade at the time of travel.
- Has a proven 2.7 GPA (on a 4.0 scale) or a "B-" grade average.
- Is physically and mentally able to participate in international travel.
- Displays a positive and cooperative attitude.
- Has an expressed interest in learning about other cultures, especially the Japanese culture.
- Has an expressed interest in hosting a Japanese student and in traveling to Japan.
- Will comply with all COVID-19 requirements set for international travel, including mask usage and vaccination/negative testing as described on the program webpage.

Student Section

To be completed by student application. Type or legibly print in black or blue ink.

Be sure to answer these questions carefully and honestly. Attach additional pages if needed.

| Personal Information | Answer |
|------------------------------|--------|
| Name | |
| Home Address | |
| Sex (Male or Female) | |
| Date of Birth (Mo./Day/Year) | |

| School Information | Answer |
|--|--------|
| School Name | |
| Current Grade Level | |
| Current GPA (attach a copy of your most recent grade report) | |
| School sports or clubs | |

| Interests - Habits - Preferences | Answer |
|---|--------|
| What are your best/worst personality traits? | |
| How do you spend your personal time? | |
| What non-school sponsored groups or activities do you participate in? | |
| What time do you generally go to bed on school nights? Wake up? | |
| What time do you generally go to bed on weekends? Wake up? | |
| Name three favorite foods. | |
| Name three foods you dislike. | |
| What stresses you out? | |

| Experiences | Answer |
|---|--------|
| Have you ever flown? If so, where did you go? | |
| Other places you've been. | |
| Longest time away from family members. | |
| Has your family ever hosted someone from another country? If yes, when? | |

References and Recommendations

| List one adult (not related to you) who knows you well. | Answer |
|---|--------|
| Reference Name | |
| Relationship | |
| Phone or Contact Information | |

| List one middle school teacher who knows you well. A written recommendation from this teacher must be attached to the application. | Answer |
|---|--------|
| Reference Name | |
| Subject/Grade Level | |
| Phone or Contact Information | |

Essay

Attach an essay including answers to the following questions. You may use the blank pages at the end of this application package. Type or legibly print in black or blue ink.

- 1. Why do you want to go to Japan? Name **specific** things you would like to learn about Japan.
- 2. How would you describe your role as an ambassador to Japan?
- 3. Our own culture: What do you think it means to be an American? What is important to us?

Parent(s) or Guardian(s) Section

To be completed by student application. Type or legibly print in black or blue ink.

| Parent(s) or Guardian(s) Personal Information | Answer |
|--|--------|
| Name | |
| Home Address | |
| Workplace and/or Occupation | |
| Relationship to Applicant | |
| Name | |
| Home Address | |
| Workplace and/or Occupation | |
| Relationship to Applicant | |

| Best Contact Person (parent or guardian who is generally in charge of school communication) | Answer |
|---|--------|
| Name | |
| Cell Phone | |
| Work Phone | |
| Home Phone | |

| Emergency Contact (person(s) to be notified in case of an accident or emergency) | Answer |
|--|--------|
| Name | |
| Relationship to Applicant | |
| Home Address | |
| Best Phone Number | |

Siblings of Applicant

| Name | Age | Sex |
|------|-----|-----|
| | | |
| | | |
| | | |
| | | |
| | | |
| | 1 | |

Regarding the Student Applicant

| Allergies, Objections, Medical Issues | Yes | No | If "yes," please describe |
|---|-----|----|---------------------------|
| Allergies to pets? Particular foods? Other? | | | |
| Objections to smoking? Other objections? | | | |
| Medical issues? | | | |
| Daily medications? | | | |

Additional Information

What benefits do you hope your child will gain from this experience?

I have carefully reviewed this application and am noting here any additional information about my child that is important for the program coordinator/chaperone to know.

| I have the following concerns/questions (Please contact Molliey Ameno-Gill if you need an answer |
|--|
| prior to agreeing to support your child for this program). |

References

Please list three (3) non-relatives who have known you at least three (3) years.

| Reference Name | Relationship | Phone Number | | |
|----------------|--------------|--------------|--|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
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| | | | | |

Family Application for Hosting

Please type or legibly print in black or blue ink. Attach additional pages if needed.

The requested information is for the purpose of:

- Determining the safety and appropriateness of a student's family to host an exchange visitor.
- Making the best match between the visitor's interests and that of the host family.

| Hosting Home Address: | | |
|---|-------|------|
| The Japanese Exchange Coordinator is welcome to visit our hosting home: | □ Yes | □ No |
| If "no", please explain why: | | |

| Describe your family's structure (blended, traditional, etc). |
|---|
| |
| |
| What other languages, besides English, are spoken in the home? |
| |
| Have you or another adult in your immediate family ever traveled abroad? If so, where? |
| |
| Have you ever hosted a foreign exchange student? If so, when and from what country? |
| |
| What special arrangements will need to be made, if any, to prepare your home for a Japanese guest? |
| |
| |
| What sleeping accommodations will be given to your guest? |
| |
| What household chores will your guest be asked to do? |
| |
| By what time is an adult generally at home after school? |
| |
| What are the rules regarding children's friends in the home when an adult is not present? |
| |
| What activities do you enjoy as a family? |
| |
| What expectations do you have of a young teen guest from Japan (i.e. English conversation abilities, participating in family activities, eating American food, following family rules, etc.)? |
| |

Conditions of Participation (for Student and Family)

We understand that our participation in the Lenawee-Moriyama M.S. Exchange Program depends upon,

- acceptance of the student into the program according to the selection procedure established;
- commitment to make preparation and orientation for the program a priority;
- agreement to host a Japanese student according to the guidelines established by the LISD;
- agreement to uphold all rules of home and host country and school; and
- acceptance of the LISD's decisions regarding organization of this exchange.

| Student Name (Print) | |
|------------------------|--|
| Student Signature | |
| Parent(s) Name (Print) | |
| Parent Signature | |
| Date | |

Thank you for completing this application and for your interest in the Lenawee Intermediate School District. We would like to assure you that your opportunity with this organization will be based only on your merit and on no other consideration. The Lenawee Intermediate School District does not discriminate in any of its educational programs and services, activities, or employment practices, on the basis of race, color, religion, national origin or ancestry, age, sex, height, weight, marital status, sexual preference, disability, or English speaking ability. Direct inquires to Director of Personnel, Lenawee Intermediate School District, 4107 North Adrian Highway, Adrian, Michigan 49221-9354; (517) 265-2119.

Consent for Release of Grades and Student Behavior Information

I consent to and authorize the Lenawee County school district in which my son/daughter or person for whom I am the legal guardian is enrolled to release to the Lenawee Intermediate School District grade and behavior reports of my son/daughter or person for whom I am the legal guardian for the purpose of verifying those items required as minimum qualifications for selection. I further agree to hold the releasing school district and the LISD harmless from any and all claims, causes of action, or complaints that I could bring under the Family Educational Rights and Privacy Act, Richard B. Russell School Lunch Act, and/or any other applicable law.

| Student Name (Print) | |
|------------------------|--|
| Student Signature | |
| Parent(s) Name (Print) | |
| Parent Signature | |
| Date | |

Japanese Exchange Program Consent to Participation and Release of the Lenawee Intermediate School District from Liability

I voluntarily consent to participation in the Japanese Exchange Program as organized and administered by the Lenawee Intermediate School District ("LISD"). I understand that my participation in the program includes international travel and stay in a foreign country. I further understand that while in Japan I will reside with a Japanese family. I understand that there are certain risks inherent with air travel and stay in a foreign country, which may expose me and my property to damage, injury, or death.

I understand and acknowledge that as an LISD organized program, my conduct is subject to the LISD's student code of conduct, the direction of the program chaperones, and the laws of Japan. I understand that failure to abide by such may result in disciplinary action, including being sent home prior to the conclusion of the trip at my own expense.

In consideration for the LISD allowing my participation in the LISD's Japanese Exchange Program, I accept and assume those responsibilities and risks, including all risks associated with international travel.

I agree that I will waive, release, and discharge any and all claims that I may have against the LISD its' Board of Education, administrators, employees, volunteers, students, agents, or other representatives for any personal injury, death, loss of property, or other financial loss that is caused by the negligence of LISD, its Board of Education, administrators, employees, volunteers, students, agents, or other representatives, which result from my participation in the Japanese Exchange Program. I also agree that I will indemnify the LISD its' Board of Education, administrators, employees, volunteers, students, agents, agents, or other representatives for any and all claims that be brought against it by a third party as a result of my actions. [LISD, its Board of Education, administrators, employees, volunteers, students, agents, or other representatives are liable only for conduct that constitutes gross negligence, or is willful, wanton, or intentional.]

I understand and agree that by signing this liability release, I am giving up the right to sue for negligence.

In addition, if the LISD is sued or has to pay any damages to a third party because of my actions, I will reimburse LISD for its costs and payments.

I also understand that due to my participation in the Japanese Exchange Program, I may be subject to being photographed and/or captured on video. I consent to the use of my image and any statements that I make by the LISD and/or any media sources.

I have read this release, I understand it, and I freely sign it.

If student is under 18 years of age, parent or legal guardian must complete this section.

I voluntarily consent to my son, daughter, or the person for whom I have legal guardianship over participation in the Lenawee Intermediate School District's Japanese Exchange Program, which includes international travel to Japan. I understand that while in Japan, my son, daughter, or the person for whom I have legal guardianship over will be under the general care and control of staff members and/or volunteers of the Lenawee Intermediate School District, and that my son, daughter, or the person for whom I have legal guardianship will reside with a Japanese family while in Japan.

I understand and acknowledge that as an LISD organized program, my son, daughter, or the person for whom I have legal custody is subject to the LISD's student code of conduct, the direction of the program chaperones, and the laws of Japan. I understand that failure to abide by such may result in disciplinary action, including his or her being sent home prior to the conclusion of the trip. I understand and agree that if he or she is dismissed from the trip and sent home separate from the group as a result of his or her misconduct, I will reimburse the LISD for any all costs associated with his or her being sent home early. I understand and acknowledge that there are certain risks associated with travel, particularly international travel. In recognition of the risks associated with my son, daughter, or the person for whom I have legal guardianship over, I agree that I will waive, release, and discharge any and all claims that I may have against the LISD its' Board of Education, administrators, employees, volunteers, students, agents, or other representatives for any personal injury, death, loss of property, or other financial loss suffered by my son, daughter, or the person for whom I have legal guardianship that is caused by the negligence of LISD, its Board of Education, administrators, students, agents, or other representatives, which result from my son, daughter, or person for whom I have legal guardianship's participation in the Japanese Exchange Program. I also agree that I will indemnify the LISD its' Board of Education, administrators, employees, students, agents, or other representatives for any and all claims that are brought against it by a third party as a result of the actions of my son, daughter, or person for whom I have legal guardianship. [LISD, its Board of Education, administrators, employees, rolunteers, students, employees, volunteers, students, agents, or other representatives for any and all claims that are brought against it by a third party as a result of the actions of my son, daughter, or person for whom I have legal guardianship. [LISD, its Board of Education, administrators, employees, volunteers, students, agents, or other representatives are liable only for conduct that constitutes gross negligence, or is willful, wanton, or intentional.]

I understand and agree that by signing this liability release, I am giving up the right to sue for negligence.

I also understand that due to my son, daughter, or the person for whom I have legal guardianship's participation in the LISD's Japanese Exchange Program, he or she may be subject to being photographed and/or captured on video. I consent to the use of their image and any statements that he or she makes by the LISD and/or any media sources.

In addition, if the LISD is sued or has to pay any damages to a third party because of my son, daughter, or the person for whom I have legal guardianship's actions, I will reimburse LISD for its costs and payments.

| Student Name (Print) | |
|------------------------|--|
| Parent(s) Name (Print) | |
| Parent Signature | |
| Date | |



Lenawee - Moriyama Middle School Exchange Program Scholarship Application

Instructions: Type or legibly print, in black or blue ink, answers to the following. Use ink where signatures are required. Attach this completed form to the Delegate Application.

Student Applicant

| Name | Sex (M or F) | Date of Birth |
|------|--------------|---------------|
| | | |
| | | |

Parent(s)/Guardian(s)

| Name(s) | Residence Address | | |
|---------|-------------------|--|--|
| | | | |
| | | | |
| | | | |

School Information

| School Name | School Principal Name | Current grade | |
|-------------|-----------------------|---------------|--|
| | | | |

Scholarship Information

- The Lenawee Intermediate School District (LISD) intends to offer scholarships for the 2023-2024 delegation to cover travel and other expenses associated with program participation.
- Scholarship applicants must qualify for free or reduced price meals during the 2022-2023 school year.
- Scholarship applications will be reviewed by the LISD for the purpose of determining whether or not a scholarship will be offered to the applicant. Application for scholarship assistance does not guarantee that the applicant will be invited to participate in the Japanese Exchange Program nor does it guarantee that a scholarship will be offered. The LISD also reserves the right to offer partial scholarships.

Nonrefundable Expenses Reimbursement

I agree to reimburse the LISD for any nonrefundable expenses incurred by the District on behalf of my son/daughter in the event that he/she voluntarily or involuntarily leaves the program regardless of whether or not the costs were to be covered by a District scholarship.

| Signature of Parent/Guardian (sign below) | Date |
|---|------|
| | |
| | |
| | |
| | |

Consent to Release of Free & Reduced Lunch Verification

I consent to and authorize the Lenawee County school district in which my son/daughter or person for whom I am the legal guardian is enrolled to release to the Lenawee Intermediate School District certification and verification that my son/daughter or person for whom I am the legal guardian qualifies for free or reduced price meals under the Richard B. Russell School Lunch Act and/or other applicable law during the 2022-2023 school year. I understand that this information will be used solely for the purpose of determining scholarship eligibility and that consenting to the release of this information does not guarantee that a scholarship will be offered or that my son/daughter or the person for whom I am the legal guardian will be invited to participate in the Japanese Exchange Program. I further agree to hold the releasing school district and the LISD harmless from any and all claims, causes of action, or complaints that I could bring under the Family Educational Rights and Privacy Act, Richard B. Russell School Lunch Act, and/or any other applicable law.

| Signature of Parent/Guardian (sign below) | Date |
|---|------|
| | |
| | |
| | |

Lenawee - Moriyama Middle School Exchange Program Teacher Recommendation Form

Instructions to the Recommender

Your answers to the questions on this form will help us select students for the Lenawee - Moriyama Middle School Exchange Program. Please place the completed form in an envelope and write the student's name on the front. Seal the envelope and sign your name across the flap to ensure confidentiality. Return the sealed envelope to the student, who will forward it unopened as part of their application.

Name of Student _____

Please rate the student according to the following list of characteristics. This list reflects factors which research has shown are important to successful intercultural adjustment. Please bear in mind that this is an important international program, and students should be able to get along well with peers and demonstrate high ethical standards.

| Rating Scale | | 1 = Low | | 5 = High | |
|---|---|---------|---|----------|---|
| Open-mindedness and resourcefulness | 1 | 2 | 3 | 4 | 5 |
| Sense of humor | 1 | 2 | 3 | 4 | 5 |
| Resilience/ability to cope with failure | 1 | 2 | 3 | 4 | 5 |
| Communicativeness | 1 | 2 | 3 | 4 | 5 |
| Flexibility and adaptability | 1 | 2 | 3 | 4 | 5 |
| Curiosity | 1 | 2 | 3 | 4 | 5 |
| Positive and realistic expectations | 1 | 2 | 3 | 4 | 5 |
| Tolerance for differences | 1 | 2 | 3 | 4 | 5 |
| Social maturity | 1 | 2 | 3 | 4 | 5 |
| Self-esteem | 1 | 2 | 3 | 4 | 5 |

Please comment on the student's maturity and character and give your opinion of their ability to handle the pace and intensity of being in an unfamiliar environment, while representing their school, state, and country.

Essay