

Environmental Summit Program in Yokkaichi, Japan

Student Application Form

Use "X" to fill-in where applicable. To complete by computer, use the TAB key to move to next field.

1.	NAME:Last Name	First Name		Full Middle
	(as it appears on your passport or b	irth certificate.)		
2.	ADDRESS: Street, City, ST, Zip			
3.	PHONE #s: Home	Day	Ce	əll
4.	E-MAIL:			
5.	GENDER: M F Age	Date of B	irth	
6.	BIRTHPLACE: City, State or Country		Area	a Raised
	COUNTRY OF CITIZENSHIP:			
	PASSPORT NUMBER:	Va	alid Through:	
7.	FATHER/GUARDIAN: Last Name	First N	Jame	Contact Phone
	OCCUPATION: Employer	F	Position	
8.	MOTHER/GUARDIAN: Last Name	First N	lame	Contact Phone
	OCCUPATION: Employer		Position	

9. PARENT'S HOME ADDRESS (if different from yours):

	Check one: Fath	er Mother		
	ADDRESS:Stree	et, City, ST, Zip		
10.	SIBLINGS:			
	Name	Age	Name	Age
	Name	Age	Name	Age
	Name	Age	Name	Age

11. LIST ALL SCHOOLS ATTENDED IN CHRONOLOGICAL ORDER:

Name of Institution / Location	Dates Attended

If needed, use extra sheets on any of the following:

- 12. LIST ANY ALLERGIES:
- 13. LIST ANY MEDICAL CONDITIONS:
- 14. Have you lived or studied overseas? If so, please indicate the location, purpose, and length of stay.

15. Describe what experiences you have or have had with languages other than English.

16. Describe experiences you have or have had with Japanese language and culture.

- 17. Do you play any musical instruments?
- 18. List any extracurricular activities and your positions, if any:

19. List hobbies and/or special interests.

20. What are your current plans or commitments for this Summer? (Vacation, work, camp, school, etc.). List dates, if known.

21. Explain why you want to participate in the Student Environmental Summit in Japan.

By checking the box below, you may type in your full name below instead of signing your name.

Electronic Signature by Signing. I affirm under penalty of perjury that the information herein is true and correct and that I am authorized by California law to sign.

I certify that I have read and understood the description and the responsibilities and the instructions for applicants.

Signature:_____ Date:_____

Type your name if you checked the Electronic Signature by Signing box.

COMPLETED APPLICATIONS MUST BE RECEIVED NO LATER THAN DEADLINE OF FRIDAY, MARCH 29, 2024, 5:00pm.

Please E-MAIL or FAX Application ALL Supporting Documents

To: Mike Vaughn, President Long Beach -Yokkaichi Sister City Association 1198 Pacific Coast Hwy, D347 Seal Beach, CA 90740 Phone: 562-592-9350 Fax: 562-684-4459 Email: mikevaughn1997@gmail.com