



**APPLICATION FOR 2025  
WENATCHEE VALLEY MISAWA SISTER CITY  
STUDENT AMBASSADOR**

**Please read this page carefully and sign.**

Applications **MUST** be complete, and your check and a copy of your passport (or pending passport application) must be attached or your application will be returned. **Please fill in and print the application; no handwritten applications will be accepted. Application deadline is February 25, 2025.**

Students currently enrolled in the seventh through twelfth grades may participate as Student Ambassadors. All applicants must be available in 2025 to travel with the Sister City delegation to Misawa, Japan, as ambassadors of goodwill.

Expected dates are Sept. 26 – Oct. 5, 2025

Selected students must submit a current passport (or a copy of a pending application), a \$200 down payment (refundable if not selected), and \$25 membership dues. The cost of the trip is approximately \$2,600, which includes the airfare. The initial payment (for the airline ticket) is due by March 15, 2025, with the remainder due by June 1, 2025.

- Ambassadors must be current members of the Wenatchee Valley Misawa Sister City Association. Membership dues are \$25.00 per family.
- Selected Ambassadors will be expected to abide by a dress code throughout the trip. Red and blue shirts with the Sister City Association logo will be purchased by everyone and worn to most group events while on the trip.
- Ambassadors must be physically able to carry their own luggage on stairs and when boarding trains, subways, etc., throughout the trip, as well as **to walk up to five miles each day** while touring Tokyo and Misawa.
- Ambassadors should expect to encounter many cultural differences. In order to enjoy the trip, an attitude of fun, flexibility, and openness to new experiences is required. These experiences will include new foods, schedule changes, and other cultural differences. Expect an adventure, and you won't be disappointed!
- Ambassadors will be staying with a Japanese host family in Misawa, and students may be asked to share a room with a Japanese student. You will be eating some meals with your host family, and some meals with the delegation, as supplied by the Sister City Association. An attitude of gratitude and graciousness is expected at all times.
- Participants are **required** to attend 2 local Japan Orientation Evenings, to study basic Japanese phrases and learn about Japanese culture and etiquette. Students may also participate in a group talent show. Students will practice during the summer prior to the September departure. (This is a highlight of the trip, and greatly enjoyed by former students and the Japanese host families.)

**I have read and understand these requirements:** \_\_\_\_\_

## Student Ambassador Application



- Attach a copy of your Passport (or pending application)
- Attach a current photograph of yourself
- Attach \$200 deposit, payable to WVMSCA
- Attach \$25 membership fee, if not already a member
- Application is due by **February 25, 2025**

| Full Name (from Passport) | Nickname |
|---------------------------|----------|
|                           |          |

| Current Grade | Current School |
|---------------|----------------|
|               |                |

| Date of Birth | Family Members |
|---------------|----------------|
|               |                |

| Mailing Address |
|-----------------|
|                 |

| Home Phone | Cell Phone | Parent's Phone |
|------------|------------|----------------|
|            |            |                |

| Emergency Phone | Name and Relationship |
|-----------------|-----------------------|
|                 |                       |

| Email Address | Parent's Email Address |
|---------------|------------------------|
|               |                        |

| Allergies |  |
|-----------|--|
|           |  |

| Hobbies and Interests |  |
|-----------------------|--|
|                       |  |

| Group Affiliations and Community Activities |  |
|---|--|
|   |  |

| Brief Introduction for Host Family |  |
|------------------------------------|--|
|                                    |  |

| Where Did You Hear About the Misawa Trip? |  |
|---|--|
|   |  |

List two (2) community members who can vouch for your character, community involvement, and youth leadership.

| Name | Address | Telephone | Years Known |
|------|---------|-----------|-------------|
|      |         |           |             |
|      |         |           |             |

List two (2) current teachers who can vouch for your character, community involvement, and youth leadership.

| Name | Class(es) | Years Known |
|------|-----------|-------------|
|      |           |             |
|      |           |             |

List your school activities for 2024-2025.

|                   |  |
|-------------------|--|
| <b>Activities</b> |  |
|-------------------|--|

List any musical, dance, art, or other special talents you can share with others.

|                |  |
|----------------|--|
| <b>Talents</b> |  |
|----------------|--|

List any medical issues that we would need to communicate to Japanese host families (i.e., allergies, cigarette smoke sensitivity, asthma, diabetes, daily required medications, etc.).

|                         |  |
|-------------------------|--|
| <b>Medical Concerns</b> |  |
|-------------------------|--|

Describe your past involvement with Japanese culture.

|                         |  |
|-------------------------|--|
| <b>Japanese Culture</b> |  |
|-------------------------|--|

Write a fifty-word paragraph explaining why you would make a good Student Ambassador to Japan.

|              |  |
|--------------|--|
| <b>Essay</b> |  |
|--------------|--|

List any office discipline referrals for 2023-2024 to date (EJHS list # refocus forms).

|                   |  |
|-------------------|--|
| <b>Discipline</b> |  |
|-------------------|--|

For verification of above information, please complete the following before submitting:

\_\_\_\_\_  
Principal Sign & Print for Student Citizenship  
Date

\_\_\_\_\_  
Counselor Sign & Print for Discipline  
Date

\_\_\_\_\_  
Parent Sign & Print (verifying correct information)  
Date

I hereby authorize permission for the school to give any information pertinent to this application to WVMSCA. This information will be kept confidential. Parent Initials: \_\_\_\_\_

**Please download, type (required), and return completed form by mail to:**

WVMSCA  
P.O. Box 5385  
Wenatchee, Washington 98807-5385

You may also deliver the completed application to the East Wenatchee City Hall. Applications must be postmarked or received no later than **February 25, 2025**. You will be notified by email of your selection after February 25, 2025. For any questions or additional information, please contact **LaVerne Bergstrom at (509) 669-2545**.

# Consent for Youth Travel

I, \_\_\_\_\_, entrust \_\_\_\_\_, the leader of the delegation, with the responsibility of guiding my child \_\_\_\_\_ (birthdate of \_\_\_\_\_) on a trip outside of Washington State to Misawa, Japan, as a member of the Wenatchee Valley Misawa Sister City Delegation.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

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## Authorization for Medical Treatment

I, \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_, give my consent for both emergency and routine medical and surgical treatment of this child should his or her condition so require it, per the judgment of a qualified health provider. I impose no specific limitations or prohibitions regarding treatment, as long as the treatment is considered necessary to the situation, and is in accordance with generally accepted standards of medical practice for the particular type of injury or illness involved.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Contact Number

(See second page for medical details)

# Information for Medical Treatment

## Basic Medical History

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|--|
|  |
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## Medicines the Youth Takes Regularly

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|  |
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## Allergies

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|  |
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## Health Insurance Details

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|--|
|  |
|--|

## Self-Introduction • 自己紹介

|  |   |
|--|---|
| Name • 名前  |   |
| Gender • 性別                                      | <input type="checkbox"/> Male (男) <input type="checkbox"/> Female (女) |
| Birthdate • 誕生日                                  |   |
| Address • 住所                                     |   |
| Phone Number • 電話番号                              |   |
| Email Address • メールアドレス                          |   |
| Occupation<br>School Name and<br>Grade<br>職業/学校名 |   |
| About Your<br>Family (siblings,<br>parents) 家族構成 |   |
| Allergies<br>(animals, food, etc.)<br>アレルギー      |   |
| Favorite Food<br>好きな食べ物                          |   |
| Food Dislikes<br>苦手な食べ物                          |   |
| Special Request<br>for Homestay<br>ホームステイの希望     |   |
| Hobbies • 趣味                                     |   |
| T-Shirt Size<br>服のサイズ (Tシャツ)                     |   |
| Height • 身長                                      |   |
| Other • そのほか                                     |   |

STUDENTS: Please give one copy of this form to each of four current teachers, along with a stamped, self-addressed envelope to: WVMSCA, P. O. BOX 5385, Wenatchee, Washington 98807-5385.

**Wenatchee Valley Misawa Sister City Association  
Teacher Evaluation Form  
CONFIDENTIAL • PLEASE MAIL WITHIN 24 HOURS**

Student Name: \_\_\_\_\_ Teacher: \_\_\_\_\_

The student named above has applied to be a Student Ambassador with the 2023 Wenatchee Valley Misawa Sister City Delegation, traveling to Misawa, Japan. In order for the Wenatchee Valley Misawa Sister City Association to accurately evaluate and select quality students as Ambassadors, we ask for your cooperation in filling out this form and returning it in the provided envelope. All information is held confidential. Thank you in advance for your time.

| <b>Quality</b>                    | <b>Low</b> |   |   | <b>High</b> |   |
|-----------------------------------|------------|---|---|-------------|---|
| Leadership                        | 1          | 2 | 3 | 4           | 5 |
| Dependability                     | 1          | 2 | 3 | 4           | 5 |
| Attitude of Cooperation           | 1          | 2 | 3 | 4           | 5 |
| Group Compatibility               | 1          | 2 | 3 | 4           | 5 |
| Use of<br>Appropriate<br>Language | 1          | 2 | 3 | 4           | 5 |
| Respectful to Adults              | 1          | 2 | 3 | 4           | 5 |
| Obedience to Authority            | 1          | 2 | 3 | 4           | 5 |
| Adaptability                      | 1          | 2 | 3 | 4           | 5 |

Please provide any additional information that you feel the selection board should be aware of at this time:

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