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Congress-Bundestag Program Student Application: Vocational Exchange Component



380 Jackson Street, Suite 200
St. Paul, MN 55104
800-622-3553

INSTRUCTIONS TO STUDENTS:

- Please type or neatly print all parts of this Student Application form. You can directly fill out the forms on a computer or type on a separate sheet of paper and affix to the form.
- Ask your School Nominator to fill out Recommendation Report 2 and return it to you in a sealed envelope.
- Ask your Activity or Work Supervisor to fill out Recommendation Report 3 and return it to you in a sealed envelope.
- Have an appropriate school official fill out the Certificate of Grade Point Average and return to you.
- When finished, make copies of all pages (except recommendations) for your records.
- Please attach one (1) passport-sized photo.
- Return this Student Application, along with the Certificate of GPA and sealed Recommendations, in one envelope to Nacel Open Door at the above address.
- The completed application postmark deadline is **January 31**. Early submission of your application is strongly encouraged.

NOTE: This form will not be returned to you. We encourage you to keep a copy for your records.

- Vocational Program Requirements:**
1. Senior class standing upon nomination (12th grade).
 2. At least 18 (and not more than 19) years of age by July 1.
 3. Cumulative grade point average of 3.0 or above on a 4.0 scale.
 4. U.S. Citizenship.
 5. Up to three nominations per school.

Name of Student:			
Last	First (Legal)	Middle Initial	
Home Address:			
Street name and number	City	State	Zip
E-Mail Address:			
Telephone: ()	Male <input type="checkbox"/> Female <input type="checkbox"/> (check one)	Birth Date: Month Day Year	
Alternate Telephone: ()			
Are you a United States citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. & Mrs. <input type="checkbox"/>			
Name of parents or legal guardian			
Name of Nominator		Position or Title	
School Name		Street Address or P.O. Box Number	
City		State	Zip Code Office Telephone ()
Educational Testing Service School Code Number (6 digits) _____			

Are your parents interested in becoming a host family? Yes No

What is your Congressional district number and the name of your U.S. Representative to Congress?

PART I: SUMMARIZE YOUR HIGH SCHOOL ACTIVITIES, AWARDS, AND INTERESTS

In the space allotted below, list your activities and achievements. Also, please specify how many hours a month you spend doing this activity. Limit your answer to only those activities from your high school years.

ACTIVITIES

HOURS PER MONTH

Activities and organizations in which you have been a frequent participant. Specify any offices held. _____

Athletic teams you were or are a member of and years of participation. _____

Community activities in which you have been involved, such as scouts, volunteer work, religious youth groups, peer tutoring, etc. _____

Creative work, hobbies or special training such as music, dance, drama or foreign language, which you have pursued to the point of some mastery. _____

Paid work or jobs you have held. Specify the type of work you did and the length of time employed. _____

Prizes, honors, offices or special recognition you have received, such as National Honor Society, foreign language, creative writing, science, music, team captain, etc. _____

Travel either domestic or international. _____

PART IV: Personal Essays: (This is a two-part writing assignment: complete both essays.)

These essays are a substantial part of your application and will be reviewed carefully by the Selection Committees. Please TYPE your essays on SEPARATE SHEETS of paper with your NAME on each and attach to this application.

Essay A: Type a letter to your host family in which you describe yourself, your family, your activities and interests, your community and your goals for the future. Also integrate the letter with questions you ask of your host family. Think of the letter in terms of the first impression your German host family would have of you.

Essay B: Type a response to the following: In what ways is your family important to you? What do you see as special about your family? Describe your relationship with each family member.

PART V: Medical Questions

Please check the appropriate answer to the following questions. If you check yes to any of these questions, please describe in detail on a separate sheet.

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Are you currently taking any medication or are you under any medical treatment? If yes, please indicate the type of medication or treatment, the reason for medication or treatment and the length of use. Also indicate if this medication is injected. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you had a prolonged illness, either now or in the past? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have any learning disabilities or physical handicaps? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have any dietary restrictions? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever consulted a neurologist, therapist, psychologist or psychiatrist? | <input type="checkbox"/> | <input type="checkbox"/> |

Please note that should you be selected as a finalist, confirmation of the scholarship is contingent upon fulfillment of the medical, placement and academic requirements of Nacel Open Door. The Congress-Bundestag scholarship does not include domestic airfare within the U.S., nor does it include spending money, passport or residence permit expenses for students during their exchange year.

I hereby certify that the information contained in this application is truthful, and that I have read the preceding statement and understand that acceptance to the program is not final until these requirements have been fulfilled.

Signature of Student

Date

Signature of Parent

Date

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Congress-Bundestag Program Nominator's Recommendation Report



380 Jackson Street, Suite 200
St. Paul, MN 55101
800-622-3553

Applicant's Name: _____	Telephone: () _____
Address: _____	
Street name and number	City State Zip
Nominator's Name: _____	School Name: _____
School Address: _____	
Street name and number	City State Zip

ATTENTION: THIS FORM MUST BE COMPLETED BY A PRINCIPAL, TEACHER OR GUIDANCE COUNSELOR.

Dear Nominator: Your answers to the questions on this form will be evaluated along with the student's own application materials to ascertain his/her rank in the competition for this unique scholarship program. Therefore, we ask you to answer each question as carefully and completely as possible. Upon completion, please place the 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. Please return the sealed envelope to the student, who will forward it unopened as part of the application. **POSTMARK DEADLINE FOR THE COMPLETE APPLICATION FILE IS JANUARY 31.** Thank you very much for assisting your student in his/her quest to participate in the Congress-Bundestag Vocational Youth Scholarship program.

1. Please describe the student's behavior with respect to authority, peer relationships, class participation, group activities and individual school work. _____

2. Research indicates that the factors listed below are important for successful intercultural adjustment:

- | | |
|-----------------------------|-------------------------------|
| - curiosity | - open-mindedness |
| - self-motivation | - ability to tolerate failure |
| - sense of humor | - ability to communicate |
| - tolerance for differences | - adaptability/flexibility |

Please address the student's strengths and weaknesses with respect to these factors. When possible, please provide specific examples. _____

PART II: Personal Assessment by the Interviewer

We ask you to be candid and go into depth. You serve as the student's character reference and, because you know the student personally, your answers to these questions carry a great deal of weight with the Selection Committee.

1. What talents, interests and skills does this student have to contribute:
(If possible, please give concrete examples where you have observed the student demonstrating these qualities.)

A. to a school? _____

B. to a community? _____

C. to a family? _____

2. Overall, what kind of a candidate do you think this student would be for a year-long international school/home stay program?
(Exceptional, average, below-average?) Why? _____

3. How long have you known this student? _____

4. Check one of the following:

I strongly recommend this applicant
 I recommend this applicant

I do not recommend this applicant
 I have some reservations (Please give details on a separate sheet of paper.)

Print Name of Interviewer

Title

Address

City

State

Zip

()
Telephone

Signature of Interviewer

Date

CERTIFICATION OF GRADE POINT AVERAGE

To be completed by a school official

I certify that _____ has
name of applicant

the following cumulative grade point average on a 4.0 scale in his/her subject areas and that the applicant is likely to complete all requirements for a high school diploma by July _____
year

Grade Point Average _____

The applicant's area of vocational specialization is _____

Please list courses which are required for completion of the applicant's vocational program.

a) Courses completed:

b) Courses yet to be completed:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

NOTE: Applications must have a minimum cumulative grade point average of 3.0 on a 4.0 scale for the past two school years. If your school uses a different scale for calculating grade point average, please convert yours to a 4.0 scale. A complete grade transcript will be required should the student become a scholarship designee.

Signature _____ School _____

School Address _____ City _____ State _____ Zip _____

Name (please print) _____ Title _____ Telephone (____) _____

Date _____

Educational Testing Service School Code Number (six digits) _____

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Congress-Bundestag Program Activities Supervisor Report



380 Jackson Street, Suite 200
St. Paul, MN 55101
800-622-3553

Applicant's Name: _____		Telephone: () _____		
Address: _____				
Street name and number		City	State	Zip
Supervisor's Name: _____				
Name of activity/organization/business: _____				

Attention: This form is to be filled out by an adult of the student's choice who supervises the student in one of his/her most meaningful extracurricular activities, either at school, in the community or at work (paid or volunteer). Upon completion, please place the form in an envelope, seal and write the student's name on the front, your name across the flap to ensure confidentiality, and return it to the student to be forwarded unopened as part of the application. **POSTMARK DEADLINE FOR THE COMPLETE APPLICATION FILE IS JANUARY 31.** Thank you for assisting this student in his/her quest to participate in the Congress-Bundestag Vocational Youth Exchange scholarship program.

Activities Supervisor:

Students today often spend time participating in extracurricular activities or working part-time jobs. Adults who supervise these activities see a student interacting with peers and adults in a non-classroom setting. Because an exchange experience is dependent on interpersonal relationships, your impressions of the student in these informal institutions will be very important to the Selection Committee which reviews the scholarship applications.

1. What are your impressions of this student's character and personality especially with respect to relationships with peers and adults?

2. How do you, from your observations, think that this student would adapt to an unfamiliar environment and new acquaintanceships?
Please explain. _____

3. In a paragraph, please describe what impresses you most (traits, achievements) about this student in the activity which you supervise and why. _____

4. How long have you known this student? _____

5. Check one of the following:

- I strongly recommend this applicant
- I recommend this applicant
- I do not recommend this applicant
- I have some reservations (Please give details on a separate sheet of paper.)

We value your opinion. Please add any additional comments on an attached sheet.

Signature

Date