



FACT SHEET FOR OUTBOUND PROGRAM USA AMBASSADORS ABROAD

QUALIFICATIONS:

- **Deadlines:** April 1st for Summer Fall departure; October 1st for Winter departure
- **Age at Departure:** 13-15 Summer homestay; 15-17 Academic semester; 17-19 Academic year
- **Character References:** Above average in morals, courage, intelligence, flexibility, leadership
- **Belief:** Subscribes to Judeo-Christian ethic - active in Church and/or community service
- **Academic History:** 80% Overall Grade Point Average last two years
- **Foreign Language Skills:** Minimum two years in school - superior aptitude
- **Health:** Must be physically and mentally fit - current medical dental exams, immunizations

2013-2014 SCHOOL YEARS COSTS:

- **Application Fee:** \$100 (non-refundable) is due initially to cover program's costs of materials, postage, long distance phone calls, testing and personal interview.
- **Placement for:** Academic year _____ One semester _____ Summer Homestay _____ (Call our office at 1-800-377-2232, or send email to paz@peace-inc.org to get current program cost as they vary by country due to differences in airfare.)
- **Discounts:** Families hosting a student while their child is abroad or immediately after return receive 15% discount from full year fee, 10% from one-semester fee, 5% from summer fee.
- **Scholarships:** An additional 35% in scholarships may be available.(up to 50% total program fee saved by combining with 15% hosting discount (early Bird apply before Dec 31st with 50% down save rate increase)

This sheet is for general information only and is not a contract. Terms, prices subject to change prior to initial payment and application

BENEFITS:

- **Host family provides FREE room and all meals; but they receive no compensation for it.**
- **Private schools provide mostly academics, some sports. (Not all have music or club activities.)**
(School enrollment FREE full tuition payment, excluding school transportation, uniforms, books)
- **PEACE provides: Screening selection of students; Home inspection host family screening**
School enrollment FREE full tuition payment (excluding school transportation, uniforms, books)
Visa application assistance (does not include host government's fee for visa)
Monthly monitoring, local supervision and bi-lingual counseling
FREE Spanish/English electronic translator + T-shirt, Lapel Pin, Passport holder, Photo ID, Tags
FREE Accident/medical liability insurance \$50 deductible. Some exclusions (i.e. eyeglasses routine dental care)
FREE International airfare. Above fees based on avg. gateway-to-gateway zone fares. Nearest airports not guaranteed due to airfare cost, seating availability, and use of preferred airport by contracted airlines.
Surcharges of \$100-\$600 may apply to some destinations.and application.

APPLICATION, PAYMENT, PREPARATION, AND PROCESSING PROCEDURES:

- **Complete a preliminary application.**
Include copy of last report card and \$100 Application Fee.
- **Personal interview with student and natural parents or guardians to review all the pertinent details, expectations and obligations of the program. (If interview goes well, receive full application.)**
- **Completion of full application (in Spanish), which includes forms for detailed academic evaluations, medical exams, character references, personal profiles, and the PEACE program terms of agreement for students and their parents. Review with your local PEACE rep.**
- **Payment of 50% of placement fee due with full application. (will be returned to you, if not accepted)**
- **Payment of Program Fee balance due upon notification of placement with host family and school.)**
- **Pre-departure Orientation to prepare for successful adaptation. (student parents together)**
- **Obtain U.S. passport, foreign visitor's visa, parental permission to travel abroad, pack luggage.**
Fly to host country; be received by your host family and attend Post-arrival Orientation.

full name

English

STUDENT APPLICATION



ProAmerican Educational And Cultural Exchange

40 Water Street Suite 700, New Philadelphia, PA 17959

Tel: (570) 277-6621 Fax: (570) 277-0607

Web Site: www.peace-inc.org E-Mail: paz@peace-inc.org

INCOMING STUDENT APPLICATION INSTRUCTIONS

Before receiving these instructions and the full application, you should have already submitted your 2-page preliminary application, a copy of your last school report card, paid a \$150 non-refundable processing fee, and been interviewed by a program representative.

THE MAIN APPLICATION: The student, not his or her parents or teachers, should complete this as much as possible. Review all before turning in to your representative. Do not leave any answers blank. Check each area off as you complete it.

1. **PROFILE SECTION:** First, complete the basic, Personal Profile questions on the FRONT page. These are the same questions that you did on the preliminary application except you must now do it in English. This is because you are applying to live in an English-speaking country. The people reading your application there probably don't speak your language; so, you must now do everything in their language. Disclose all relatives (including cousins, aunts, uncles) in the USA. Plus US Government forms 156 and 158. Falsified information will result in financial penalties, a denied visa, and reduce the chance of future visas to visit the USA.
2. **ATTITUDES QUESTIONNAIRE:** to tell your preferred life-style and to reveal some of your personality traits, philosophy, and beliefs. We cannot guarantee that all of the people you will live with will have a compatible temperament with yours, or that you will get to do or see all that you want, but this will help us better match you with a host family (since the family chooses the student) and for them to better understand you. Use numbers instead of [X] to be more precise in your answers. This is very important describing things you are bothered by (5=allergic, 4=highly bothered, 3=moderate, 2=minor annoyance, 1=Doesn't bother you at all). If allergic tell if you control it and how. Make sure these answers describe you and not what you think we want, or you'll end up in the wrong home.
3. **ACTIVITY LIST:** Here, check in the first column all activities you'd done recently or do currently and blacken the box **ONLY** for those you do a lot or like the most. In the second column check the ones you'd like to do as an exchange student and blacken **ONLY** those you'd like to do the most. Confine the blackened boxes to the top 25% of all responses in each column. Be honest and accurate. Describing what you think will make you more interesting than you are will get you selected by the wrong family.
4. **PERSONAL INTRODUCTION:** Your letter must be written without assistance in English. It is your story, not someone else's. Don't duplicate statistics from the first page. Instead, reveal your relationship with and feelings towards your family. Tell us your life goals, why you want to be an exchange student, and why you think you would be a good one. Don't forget to sign your name. Your parents should write an open letter of introduction to the new host family. You must translate it into English if they can't.
5. **ACADEMIC SECTION:** You must attach an official transcript of your last two full years, plus available present-year grades. Make an English translation of those courses in this section. If credits are needed because you will not be graduated from high school, your principal must write a letter (with an English translation) requesting the classes you need for credit. If you will have graduated by the time you travel, don't expect to receive a diploma or academic credits from your host school. You must bring a copy of your current year's transcript if you want to be eligible for school sports. Not all schools allow exchange students to play.
6. **ENGLISH TEST:** Ask your most recent English teacher to give you the English test in the Academic Section and rate you honestly. Exaggerated evaluations may result in American schools to canceling your enrollment. If you are not good in basic conversational English, start taking private lessons immediately. Your visa interview will be conducted in English.
7. **COMMUNITY REFERENCES** must be completed by ADULT neighbors, friends, clergy, or employers unrelated to you. Give them a postage-paid, return envelope with a note for them to seal and mark "confidential". Return all to us unopened.
8. **MEDICAL SECTION:** If any immunization has not been given or boosted as required on the chart on page one, PLEASE get your doctor to give it AT THE TIME OF YOUR EXAM. (MMR & Td must be boosted every 10 years!) Extra vaccinations may be recommended, depending on destinations. **Expenses for exams and immunizations are your responsibility. PEACE Medical Insurance won't pay for immunizations here. If you wait, you'll pay \$100 for each vaccine. It doesn't pay sports physicals.** If you wear braces, attach a copy of your orthodontic program here; also, bring a newly updated one with you when you travel.
9. **AGREEMENTS:** You and your parents sign both sides of the Student/Parental Agreement, the Travel Issues Agreement and Medical Insurance Issues Agreement. Parents must also sign the Payments/Cancellations/Refunds Agreement.
10. **SIX ID-SIZE PHOTOS** are needed for copies of your application, advertising, and your student I.D. **Be sure to smile or nobody will want you!** (2) Add some color snapshots of your house and family for us and your new host family to see. Print your name on the back of each photo, to insure that it doesn't get mixed up with someone else's. (3) Photocopy the main page of your passport.
11. In English, make a 5-10 minute DVD of your house, family, friends, school, activities & city. Bring this to review with your application. It will help the host school evaluate your English and be useful to you for local presentations after you arrive.
12. This entire application should be completed and returned to your representative within 30 days of this date: _____
Attach a photocopy of the main page on your passport. A search for a host family will not begin until 50% of the placement fee is paid. All fees are due before visa documents are released or a plane reservation is made.

Before traveling, you will receive an orientation to review the rules & obligations you and your parents must follow while participating in the PEACE program. False expectations by you can cause trouble for everyone; therefore your attendance is mandatory. This meeting may be held before notice is received of a host family.



ProAmerican Educational And Cultural Exchange

40 WATER STREET * SUITE 700 * NEW PHILADELPHIA * PA 17959

Please use black ink
only! Blue does not
photocopy well.

STUDENT PROFILE

Application	day	mo	year
Date: --->			

NICKNAME			LAST NAME			FIRST			MIDDLE						
Sex	Age	Birth day - mo - yr	Street			Development									
Attach Smiling PHOTO 6 needed: for office master, host & school apps, area rep, student ID, + 1 extra.			City			State			e-mail						
			Country of residence			Postal Code			City, Country of Birth			Citizenship			
			Telephone (include country & city code)						Church Preference			Active <input type="checkbox"/> Average <input type="checkbox"/> Little interest <input type="checkbox"/>			
			Height(ft.)	Weight(lbs)	< both >	Height(cm)	Weight(kgs)	Eye/color		Hair color					
CHECK PROGRAM REQUESTED			LIST BROTHERS & SISTERS			Sex			Age						
Academic Year (Aug-Jun) 20____ Partial Year (Dec-Jul) 20____ Partial Semester (Aug-Nov) 20____ Fall Semester (Aug-Jan) 20____ Spring Semester (Jan-Jun) 20____ Calendar Year (Jan-Dec) 20____ Winter Quarter (Jan-Mar) 20____ Summer Quarter (Jun-Aug) 20____															
									School: Grade Now (7-12) <input type="text"/> Point Average <input type="text"/> Years of Foreign Language in School: _____ Years of Foreign Language Private Lessons _____ Foreign Language Studied: _____						
									Do you smoke or chew tobacco? yes ____ no ____ Do you drink alcoholic beverages? yes ____ no ____						
FATHER STATUS --->			Living	Deceased	Married	Divorced	Guardian	MOTHER STATUS --->			Living	Deceased	Married	Divorced	Guardian
Name			Age			Name			Age						
Cell phone			Email			Cell phone			Email						
Employer			Country of Birth			Employer			County of birth						
Occupation			Self-employed? Y / N Sp/Eng Bilingual? Y / N			Occupation			Self-employed? Y / N Sp/Eng Bilingual? Y / N						
Work Telephone			Fax Telephone			Work Telephone			Fax Telephone						
List name(s), address, telephone, and email of relatives living in the USA (or destination country, if not U.S.) and their relationship to you.															
Name _____ Relation _____ Addr _____ City _____ State _____ PC _____ Tel _____ Email _____ Name _____ Relation _____ Addr _____ City _____ State _____ PC _____ Tel _____ Email _____ Name _____ Relation _____ Addr _____ City _____ State _____ PC _____ Tel _____ Email _____															
Emergency contact if parent not available Name _____ Relation _____ Tel _____ Email _____ Pets you own _____ Places you have visited outside your country _____ Organizations you belong to: _____ Things your family does together: _____															
Signature of Student and Parent															

PERSONAL ATTITUDES of

Name: _____

The purpose of this survey is to allow us to better know the desires of our participants. If we know what you hope to get from you with a family more able to help you achieve some of your priorities. So, tell us what is most and least important to you. But keep in mind that this is a tool to help the family choose a student, not a guarantee.

EXPECTATIONS, DREAMS, GOALS, NEEDS, AND DESIRES

Circle best numbered answer; "X" blank lines # 7 & 10 Fill in parentheses () # 12, 13

5 = absolutely YES, 4 = very much, 3 = maybe / somewhat, 2 = very little, 1= absolutely NO

1. To travel and see cultural & historical areas	5 4 3 2 1
2. To do a lot of shopping and eat out frequently	5 4 3 2 1
3. To go out to parties and dances at night with friends	5 4 3 2 1
4. To talk & play games at home with family & relatives	5 4 3 2 1
5. To attend church regularly	5 4 3 2 1
6. To attend professional concerts, plays, & art exhibits	5 4 3 2 1
7. To have pets: ____ dogs ____ cats other:(____)	5 4 3 2 1
8. To live in a very large family	5 4 3 2 1
9. To be an only child	5 4 3 2 1
10. To have ____brother my age, ____sister my age be my best friend.	5 4 3 2 1
11. To teach my host family and others about my country & language.....	5 4 3 2 1
12. To study a new subject(s): (____)	5 4 3 2 1
13. To learn a new sport or skill: (____)	5 4 3 2 1

CHARACTER TRAITS: PREFERENCES, BELIEFS, HABITS Number 1-2-3-4 or 5 [X] if mostly true

1. Are you: ____ Protestant; ____ Catholic; ____ Jew; ____ Muslim; ____ Other (); ____ Agnostic (unsure); ____ Atheist
2. Do you attend church: ____ Weekly; ____ Monthly; ____ Only Holy Days; ____ never
3. Do you talk with God: ____ Hourly; ____ Daily; ____ Weekly; ____ rarely; ____ never
4. Do you prefer to talk about: ____ people & feelings; -or- ____ ideas & events?
5. Are you: ____ mostly an optimist; -or- are you ____ mostly a pessimist?
6. Do you: ____ express yourself easily [extroverted]; -or- do you ____ keep feelings inside? [introverted]
7. Are you usually: ____ a serious person; -or- are you ____ a carefree person?
8. Do you look for: ____ a challenge; -or- do you look for ____ the path of least resistance?
9. Are you usually: ____ organized, punctual, and deliberate -or- ____ disorganized, late, and impulsive?
10. Are you: ____ a morning person; -or- are you ____ a night person?
11. Do you prefer to: ____ lead; ____ follow; -or- ____ observe?
12. Do you prefer: ____ mental exercise; ____ physical exercise; -or- ____ both, equally?
13. Are you extremely uncomfortable or bothered by: ____ cigarette smoke; ____ animal hair; ____ dust & dirt?
14. Are you very uncomfortable with: ____ disorder or sloppiness; ____ sickly or handicapped people; ____ little kids?
15. Do you enjoy the company of: ____ elderly adults; ____ very young children?
16. Are most of your friends: ____ older than you; ____ the same age; ____ younger?

PERSONAL ESSAY of _____

photo

Type or print in black ink, in the language of your HOST country (they don't read yours). This is a very important part of your application. It must reflect your feelings and attitudes and demonstrate your foreign language skills - not someone else's. Families choose their student based on the kind of person they perceive you to be. We want to know your serious thoughts as much as what you do for fun. Describe yourself as a person and your relationship with your family. Don't repeat data from the first page. Describe your typical routine. Share some of your personal goals, why you wanted to be an exchange student and why you'd be a good ambassador of your country. Sign your name.

signature



PERSONAL ESSAY of _____

photo

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signature



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Academic Reference

SCHOOL: _____
PRINCIPAL: _____
COUNSELOR: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
TELEPHONE: _____

☐ public

☐ private

_____ HAS APPLIED TO BE A FOREIGN EXCHANGE STUDENT. PLEASE COMPARE THIS STUDENT TO OTHERS YOU HAVE KNOWN BY ANSWERING THE BELOW LISTED QUESTIONS AND RETURN THIS FORM IN THE ENCLOSED ENVELOPE.

A = ABOVE AVERAGE; B = AVERAGE; C = BELOW AVERAGE; U = UNKNOWN TO YOU

		A	B	C	U
Intellectual Capacity	(.....).....0	—	—	—	—
Knowledge of current events(.....)	—	—	—	—
Artistic / Creative talents(.....)	—	—	—	—
Sense of humor(.....)	—	—	—	—
Sense of adventure / Curiosity(.....)	—	—	—	—
Maturity / Emotional stability(.....)	—	—	—	—
Independence / Self-reliance(.....)	—	—	—	—
Ability to express oneself(.....)	—	—	—	—
Open-mindedness / Flexibility(.....)	—	—	—	—
Effectiveness with peers(.....)	—	—	—	—
Effectiveness with adults(.....)	—	—	—	—
Relationship with family(.....)	—	—	—	—
Assertiveness(.....)	—	—	—	—
Appreciativeness/Social graces(.....)	—	—	—	—
Honesty / Integrity(.....)	—	—	—	—
Reliability / Responsibility(.....)	—	—	—	—
Concern for others / Charity(.....)	—	—	—	—
Church / Community service(.....)	—	—	—	—
Leadership ability(.....)	—	—	—	—
Ability to accept failure(.....)	—	—	—	—
Realistic goals & expectations(.....)	—	—	—	—

Please add any comments that you think would be helpful in the evaluation of this applicant as to whether he/she would make a positive or negative impression abroad. (ENGLISH ONLY, PLEASE)

NAME, TITLE & SIGNATURE OF SCHOOL OFFICIAL EVALUATING OUR STUDENT

DATE

ACADEMIC HISTORY

STUDENT NAME: _____

☐

☐

☐

☐

[x] Check the box above your grading scale from those listed on the left

Superior	98-100%	A+	20	10	5.0
Outstanding	94-97 %	A	19	9.5	4.7
Excellent	90-93 %	A-	18	9.0	4.3
Very Good	88-89 %	B+	17	8.8	4.0
Good	84-87 %	B	16	8.5	3.7
Above Average	80-83 %	B-	15	8.0	3.3
Fair	78-79 %	C+	14	7.8	3.0
Average	74-77 %	C	13	7.5	2.7
Mediocre	70-73 %	C-	12	7.0	2.3
Below Average	68-69 %	D+	11	6.8	2.0
Substandard	64-67 %	D	10	6.5	1.7

Translate below, courses taken from 9th grade to present
Attach original copy of corresponding school transcript

Year _____ to _____

9th year courses1st semester2nd semesterfinal grade

1

2

3

4

5

6

7

8

9

10

11

12

Year _____ to _____

11th year courses1st semester2nd semesterfinal grade

1

2

3

4

5

6

7

8

9

10

11

12

Year _____ to _____

10th year courses1st semester2nd semesterfinal grade

1

2

3

4

5

6

7

8

9

10

11

12

Year _____ to _____

12th year courses1st semester2nd semesterfinal grade

1

2

3

4

5

6

7

8

9

10

11

12

signature of translator

title of translator

date

OFFICIAL SCHOOL STAMP

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Immunization Record

Student _____ Birthdate _____
 Address _____
 City _____ State _____
 Country _____ Telephone _____

ATTN: DOCTOR: Pupils enrolled in grades k-12 are required by law to have on file at their school that they have been immunized against DTP (diphtheria, tetanus, & pertussis); poliomyelitis; chickenpox, MMR (measles, mumps, & rubella) and also be tested for Tuberculosis. Failure to do so will result in exclusion from school. If the dates of vaccinations are not current according to the RECOMMENDED IMMUNIZATIONS schedule below, please reimmunize the student at this time. **Polio must show three dates; Td and MMR must show two dates—initial vaccine & another within the past 10 years.** **Copies of Spanish documents will not be accepted. If you must update this information again, COMPLETE a new form.**

Immunizations Required for School Admittance

 DIVISION OF COMMUNICABLE DISEASE CONTROL P O. BOX 90 HARRISBURG, PA 17108		ENTER DATE ONLY IF DISEASE CONTRACTED	ENTER BELOW THE DATES OF ALL VACCINATIONS IN THE PAST	ONLY TODAY'S VACCINATION																																																																							
REQUIRED IMMUNIZATIONS (INMUNIZACIONES REQUERIDAS) <table border="1"> <thead> <tr> <th rowspan="2">AGE</th> <th colspan="7">VACCINES</th> </tr> <tr> <th>DTP</th> <th>Td</th> <th>POLIO</th> <th>MMR</th> <th>HIB</th> <th>Hep B</th> <th>MCV</th> </tr> </thead> <tbody> <tr> <td>2 months</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>4 months</td> <td>X</td> <td></td> <td>X</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>6 months</td> <td>X</td> <td></td> <td>X</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>15 months</td> <td>X</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>24 months</td> <td>X</td> <td></td> <td>X</td> <td>X</td> <td></td> <td></td> <td></td> </tr> <tr> <td>4 to 6 years</td> <td></td> <td></td> <td></td> <td></td> <td>X</td> <td></td> <td></td> </tr> <tr> <td>Every 10 years thereafter</td> <td></td> <td>X</td> <td></td> <td>X</td> <td></td> <td>X</td> <td></td> </tr> </tbody> </table>		AGE	VACCINES							DTP	Td	POLIO	MMR	HIB	Hep B	MCV	2 months								4 months	X		X					6 months	X		X					15 months	X							24 months	X		X	X				4 to 6 years					X			Every 10 years thereafter		X		X		X		DTP _____ TOPV _____ HEP B _____ Measles _____ Mumps _____ Rubella _____ Chickenpox (varicella) _____ Meningitis _____		
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Tuberculosis TINE [] or PPD [] Date _____ Pos. [] or Neg []
 TB Vaccine: No [] Yes [] Date _____
 Chest X-ray: (not necessary if Tine or PPD is negative/ no necesario, si negativo Tine o PPD)) Date _____ Positive [] or Negative []

Type Name of Physician: _____ Signature: _____
 Address: _____ Tel: _____

We certify that we have reviewed the Health Questionnaire and information supplied by us, and that it is true and complete to the best of our knowledge We authorize any of the doctors, hospitals, or clinics mentioned above to furnish a complete transcript of medical records for the purpose of processing this application

Signature of Student: _____ Signature of Parent: _____ Date: _____

DENTAL RECORDS	<u>ODONTOLOGY</u>					
	Place appropriate symbols, showing in examples: (o) Restorable teeth; (*) Non-restorable; (-) Missing teeth; (+) Replaced by dentures; (@) fixed)					
	R I G H T	<table style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; padding: 5px 10px;">1 2 3 4 5 6 7 8</td> <td style="border-left: 1px solid black; border-bottom: 1px solid black; padding: 5px 10px;">9 10 11 12 13 14 15 16</td> </tr> <tr> <td style="padding: 5px 10px;">32 31 30 29 28 27 26 25</td> <td style="border-left: 1px solid black; padding: 5px 10px;">24 23 22 21 20 19 18 17</td> </tr> </table>	1 2 3 4 5 6 7 8	9 10 11 12 13 14 15 16	32 31 30 29 28 27 26 25	24 23 22 21 20 19 18 17
	1 2 3 4 5 6 7 8	9 10 11 12 13 14 15 16				
	32 31 30 29 28 27 26 25	24 23 22 21 20 19 18 17				
	L E F T					
Remarks and additional dental defects and diseases						
Name of Dentist	Signature & Registration Numbers	Date				

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Health Questionnaire

Student's Name: _____
 Date of Birth: _____
 Parent's Name: _____
 Address: _____
 City & State: _____
 Country: _____
 Telephone: _____

Past Medical History:

Measles.....	No	Yes	Venereal Disease.....	No	Yes	Bulimia or Anorexia	No	Yes
Mumps.....	No	Yes	Concussion or Head Injuries.....	No	Yes	Strokes.....	No	Yes
Chickenpox.....	No	Yes	Rheumatic Fever or Heart Disease.....	No	Yes	Tuberculosis.....	No	Yes
Epilepsy.....	No	Yes	Have you had any other serious illness.....	No	Yes	Broken bones.....	No	Yes
Diabetes.....	No	Yes	If yes, what? _____			Cancer.....	No	Yes

Have you ever been hospitalized, had surgery, or been under extended medical care?.....No Yes If yes, for what reason? _____

Systemic Review:

Eyes-Ears-Nose-Throat:

Eye disease or injury.....	No	Yes
Do you wear glasses.....	No	Yes
Double vision.....	No	Yes
Headaches.....	No	Yes
Glaucoma.....	No	Yes
Nosebleeds.....	No	Yes
Chronic sinus trouble.....	No	Yes
Ear disease.....	No	Yes
Impaired hearing.....	No	Yes
Do you wear hearing aids.....	No	Yes
Dizziness.....	No	Yes
Episodes of unconsciousness.....	No	Yes

Skin:

Skin disease, hives, eczema.....	No	Yes
Jaundice.....	No	Yes
Frequent infection or boils.....	No	Yes
Abnormal pigmentation.....	No	Yes

Neck:

Stiffness.....	No	Yes
Thyroid trouble.....	No	Yes
Enlarged glands.....	No	Yes

Respiratory:

Spitting up blood.....	No	Yes
Chronic or frequent cough.....	No	Yes

Have you been in good health most of your life?.....No Yes If not, please explain? _____

Allergies and Sensitivities:

Penicillin or other antibiotics.....	No	Yes	Novocaine or other anesthetics.....	No	Yes
Morphine, Codeine, Demerol, other narcotics.....	No	Yes	Sulfa Drugs.....	No	Yes
Aspirin, empirin or other pain remedies.....	No	Yes	Adhesive tape.....	No	Yes
Tetanus antitoxin or other serums.....	No	Yes	Iodine or merthiolate.....	No	Yes
Any foods, such as egg, milk or chocolate.....	No	Yes	Any other drug or medication.....	No	Yes

Any other allergies?.....No Yes If yes, please list? _____

Neuro-Psychiatric:

Have you ever had psychiatric counseling or therapy?.....	No	Yes	Please explain if yes _____
Have you even been advised to see a psychologist or psychiatrist?...	No	Yes	_____
Have you ever had fainting spells?.....	No	Yes	_____

ProAmerican Educational And Cultural Exchange

WORLD HEADQUARTERS * 40 WATER STREET, SUITE 700 * NEW PHILADELPHIA, PENNSYLVANIA * 17959*USA

TEL 570-277-6621 FAX 570-277-0607 E-MAIL paz@peace-inc.org



AUTHORIZATION TO TREAT A MINOR

HOSTS: KEEP A COPY IN EACH CARAT ALL TIMES

(student's name)

I (we) the undersigned parent(s) or legal guardian(s) of a minor dep endant, do authorize and consent to any x-ray,EKG, MRI, CAT or other examin ation, anesthetic, medical or surgical diagnosis rend ered under the general or specific supervision o f any me mber of the medical staff and emer gency room staff licensed under the provisions of the U.S. Medicine Practice Act (or it's foreign cou nter part if for a USA student abroad) or a dentist licensed under the p rovisions of the U.S. Dental Practice Act (or it's forei gn counterpart if for a U SA student abroad) and on the staff of any acute care facility or general hospital holding a current license to operate as the same. I (we) understand this authorization is given in adv ance of any specific diagnos is, treatment, or hospital care being require d but is give n to provide authorit y and power to render care which the aforementioned physician in the exercise of his best judgment may be deemed advisable. I/we understand that reasonable effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if t he undersigned cannot be reac hed. Furthermore, I/we assure that I/we have read the PEACE group accident/medical insurance policy provisions and understand that there are deductibles, co-payments, and non-covered items, and that I/w e will reimburse any ex penditures not covered by the policy. I/We absolve members of PEACE, the host family, school, or other person(s) who take our child to an y licensed medical provider, of any responsibilities that said guardian may inadvertently assume by way of signing our child into the care of such provider(s). *I/we authorize release to any PEACE representative or host parent all medical records pertaining to treatment of the above named student during his/her time as an exchange student. A claim form signed by the student is needed to assign direct payment for medical care. (http://www.peace-inc.org/!Index/AIG_ClaimForm.pdf)*

Physical restrictions: _____

Allergies to drugs or food: _____

Medications taken regularly: _____

Other special needs: _____

Date of last tetanus toxide booster: _____

Family physician: _____ Phone: _____

Address: _____ City: _____

State: _____ Country: _____ Zip code: _____

Signature of both parents or guardians: _____ Date: _____

Family address: _____

Telephone where parents may be reached (business) _____ (home) _____



STUDENT AGREEMENT of

If I am accepted as a participant in the P.E.A.C.E. Program I agree to obey the following rules and any other requirements as may be established and published by the program.

Since I will be residing in the home of another family not as a guest, but as a participating member, I agree to respect the parents in that home as my own, to follow their house rules, to participate in family customs, to keep my room clean and neat, to respect the personal property of all family members, and to share in family responsibilities and chores as are asked of me.

I will not use tobacco products, alcoholic beverages, or narcotic drugs; nor will I use foul or disrespectful language or engage in immorality, violent acts, or other illegal activities. I will honor my God, my country, and my family in all that I do or say. I have never been expelled from my school for any of the above. I authorize any government agency, medical facility, employer, school, or personal reference to release information held by them that would reflect on my qualification to be a student ambassador for P.E.A.C.E.

I will not drive any motorized vehicle for which an operator's license is required during my stay. Nor will I hitchhike or ride in any car with an intoxicated driver. I will not travel outside of my local community without an approved, adult chaperone.

I will call my P.E.A.C.E. counselor, area representative, or the program director with any problem that I have. I will not take my problems into my school or outside of my host family.

I will try my best to adjust to my host family and community, expecting many differences from what I am used to. I will not expect the program to move me, unless extensive counseling has failed to resolve serious problems with my host family.

As a good ambassador of my country I will try to learn and practice local customs and also teach my hosts some of mine.

I understand that P.E.A.C.E. prohibits visits from any boy/girl friends or cousins, and that I may not travel home in mid-year for any reason except death of a family member.

I agree that contact with other exchange students is limited to letters. Frequent phone calls, email, IM, or visits are forbidden. Contact with parents is limited to one phone call or one e-mail each week. Cell phones are prohibited for any personal use except security/safety.

I am aware that my hosts pay for my room & meals, but I must pay all my own phone bills, clothing, & entertainment. I will not borrow or lend money with my host family or friends.

I agree to make my best academic effort at all times, even if I have graduated and don't need credit. If I receive bad grades my parents will be notified.

I understand that if a host family or school should ask me to leave due to my breaking family trust, violating school rules, academic failure, or disregarding program rules or local laws, I may be deprived of freedoms, activities, or field trips, required to perform community service, fined, and/or be dismissed from the program and sent home immediately at my own expense. The punishment shall be at the PEACE director's discretion.

I agree to prepare for this experience by familiarizing myself with the political, economic, religious, and cultural structure of my country; by acquiring a basic conversational facility in the host country's language; by attending P.E.A.C.E. orientations.

In the spirit of a good ambassador I agree to help P.E.A.C.E. promote the mission of intercultural exchange by speaking to student and adult groups during my stay in my host country.

SIGNATURE OF STUDENT (firma de estudiante)

PRINT NAME

DATE (fecha)



PARENTAL AGREEMENT

Our son/daughter has our permission to apply for and take part in the (P.E.A.C.E.) Student Ambassador Program.

We understand that this program is designed to increase understanding among countries of the world and it is not to be used solely for the purpose of foreign language training. If the host school requires English tutoring we will pay all costs.

We understand that the host family will receive no compensation for providing room and board and for opening their home and family life to our son/daughter. We hope to welcome the host family as guests in our home following the exchange, in order to preserve stronger friendship ties among us.

We understand that frequent contact with family and friends heightens homesickness and weakens adaptation and so agree to limit phone calls to our son/daughter to 1 or 2 a month. We also agree not to ask him/her to come home or to meet us away from the host family at any time during the school year; nor will we visit him/her without an invitation from the host family until the end of his/her participation in the program.

We understand that P.E.A.C.E. cannot guarantee that our child will be placed in a home with a teenager of a like age or any children at all, or even with two parents. A different family structure will be accepted as part of the cultural experience.

We understand that the host family's rules and routine may be different than those which our children are accustomed to, but will be accepted by us in good faith as appropriate. We will avoid interference and try to be supportive of the host parents.

We understand that since host schools usually waive tuition and admission requirements in the interest of international good will, academic credit & graduation cannot be guaranteed.

We understand that in case of serious infraction of P.E.A.C.E. rules or local laws, prolonged homesickness, poor adjustment, (personally, academically, or linguistically) or severe health or mental problems, it may be necessary, at the sole discretion of P.E.A.C.E. officials, for our son/daughter to return early. We will assume all costs of such early return and will hold P.E.A.C.E. legally and financially harmless.

We agree for our son/daughter to have complete medical and dental examinations at our expense, as part of this application. We also agree to pay for any deductibles, co-payments, or incidental accident or medical expense incurred by our son/daughter that is not covered by the program's insurance policy, plus all dental expenses & physical exams for team sports.

We understand that PEACE cannot guarantee how soon they will find a host family, regardless of how much time is allowed, since host families choose the student they want. We also agree that if we miss deadlines for other opportunities while waiting for a host family we do so at our own risk. If we decide to withdraw participation, we agree to hold PEACE and its agents harmless, and will ask for no more than a refund as per the terms of the PEACE Payments/Cancellations Policy.

SIGNATURES OF BOTH PARENTS OR GUARDIANS

DATE

AIRLINE TICKETING, TRAVEL, FINAL DEPARTURE PLAN

1. I understand that student tickets are electronic (there is no paper ticket to lose) but that travelers need to provide two forms of ID to board the aircraft, at least one of which contains a photo.

2. I understand that the PEACE flight itinerary is subject to printing errors and the airline's own schedule changes & cancellations. Therefore, I agree to call the airlines to confirm flight numbers, cities, times and dates before departure (both arriving in country and returning home).

3. I understand that tickets are purchased by PEACE at discounts subject to financial penalties for time or date changes and that this cost is a student's responsibility, except when necessary to extend a school term.

4. If I need to return by a specific date and fail to notify PEACE before they purchase my tickets, I will pay the change penalty.

Return Date Requested: _____ Reason: _____

5. I understand that PEACE "averages" costs regionally when pricing air travel as part of the contract; so if parents prefer a departure or return airport or airline more convenient than the one selected by PEACE that they are responsible for the difference in cost. Preferred airports are: 1 _____ 2 _____

6. I understand that airlines allow two pieces of luggage checked in storage plus one carry-on bag; and that they charge penalties for each extra bag and for bags too heavy or too large. I will call the airline in advance for terms and to obtain an estimate of costs.

7. I understand that once an itinerary has begun (the arrival half is flown) airlines will *not* change a return departure city for any reason.

8. I understand that if parents wish to visit students & then travel home together on the same aircraft, expecting no extra cost to their child's ticket, that they need to make their flight itinerary the same as the one already purchased for their child by PEACE. *Therefore, if parents wish to change their child's return departure city or airline, the parents must buy a new one way ticket for their child, solely at their own expense.*

9. I understand that the date on a J- visa application (plus 30 extra days "grace" granted by Customs & Immigration Service for travel within the U.S.) is the latest that students may stay legally in the U.S. There is no paperwork to use the *grace* period; but If I go to another country *during the grace period* I won't be left back in the U.S.

10. I understand that a J-visa cannot be renewed or converted for any reason; that students must return to their country even if they have an I-20 for a F-1 visa to return here for college or a separate tourist visa.

11. I understand that my PEACE medical insurance *must* be extended at my expense if I wish to stay longer than my contracted term.

12. I understand that If I wish to stay longer than the contracted term I must pay for all days of program service extended equal to the cost of service days in my original contract. (plus airline change fees)

13. I understand that the U.S. Government requires PEACE to know where students are at all times; therefore, students may not make or change arrival or return itineraries without the permission of PEACE.

14. PEACE must approve any side trip to visit relatives or friends in the U.S (which may be taken ONLY while on my way out of the country) and needs letters from *both* natural & host parents stating names, relationship, date, address, email, house & cell phones of persons to visit and a similar email from that person, also including a proof of legal residence. Visits are prohibited during the school year.

Signatures of student & parents

Date

IMMUNIZATION & ACCIDENT-MEDICAL INSURANCE DISCLOSURE & AGREEMENT

Initial each paragraph

I understand that immunizations recommended by the American Pediatric Association are required for admission to all U.S. schools. I guarantee that during my child's PEACE medical exam all required by the chart on the PEACE application form will be administered and dated by the examining doctor. I understand that this includes, but is not limited to, a repeat vaccination for MMR and Tetanus if my child was not re-immunized within the last ten years.

I understand that I must sign a *Authorization for Treatment of a Minor* on my child's insurance card (that will arrive with his travel papers), because American doctors and hospitals will not render necessary medical treatment without parental permission. My son/daughter understands to carry this card on his/her person at all times.

I understand that PEACE accident-medical insurance does NOT cover all expenses, especially preexisting, and that I am responsible for all non-covered charges. I have read or have had a translator read to me all exclusions listed in the accident-medical insurance plan brochure, .

I understand that some hazardous activities may not be insured, and that I am responsible for 100% of medical expenses if my son/daughter is injured in non-insured activities. If my child participates in activities not insured by PEACE he/she will apply for special accident insurance offered through the host school.

I understand that sports physicals may cost from \$50 to \$100 and are not insurable, since they are not for diagnosis of injury or illness.

I understand that routine dental cleanings, filling of cavities, and adjustment of braces are not insured and may cost a *minimum* of \$50 per incident. I have been advised to have preventive dental care administered in my country before student departure and will do so.

I have been advised to provide my child, upon arrival, with \$ 300 emergency funds to set aside and use only to pay for sports physicals, insurance deductibles, or medical costs (such as prescription drugs) that must be paid first in cash and only later reimbursed by insurance.

I have been advised that doctor visits cost at least \$50+ and hospital emergency rooms at least \$100+ and that this level of initial expenses is a deductible not usually covered by standard insurance. I understand that over-the-counter medicine or first aid for minor illness or injury is a readily available, inexpensive alternative to treatment by a doctor or hospital.

I understand that a claim form signed by the student is needed to claim reimbursement or authorize direct payment for medical care (provided by PEACE and available for reprinting on their website). I understand that U.S. HIPPA law requires written authorization by the patient (or parent if a minor) for the insurance company or medical provider to release medical information. I/we so authorize release to any PEACE representative or host parent all medical records pertaining to treatment of the below named student during his/her time as an exchange student.

I understand that accident and medical insurance is required by the U.S. Federal government for all exchange students to be covered from arrival until departure and that minimum coverage is defined by the U.S. Department of State. I understand that if I extend my stay I must purchase additional coverage from PEACE for any extended time in the United States.

PEACE ACADEMIC AGREEMENT

I agree to make my best academic effort at all times, even if I have graduated and don't need credit. I will never brag that I am on vacation.

I also agree to try new extracurricular activities in order to broaden my experiences, to increase my exposure to the local student body for their benefit and to increase my prospects of making new friends who share a common interest with me.

I agree to prepare for this experience by familiarizing myself with the political, economic, religious, and cultural structure of my country. In the spirit of a good ambassador I also agree to help P.E.A.C.E. promote the mission of intercultural exchange by speaking to student and adult groups during my stay in my host country.

I understand that a J-1 visa is an official government program of cultural exchange, and as such is not to be used primarily for learning English.

I understand that individual schools vary in their expectations and even demands of English proficiency upon my arrival. Misrepresentation of my proficiency and/or failure to make sufficient progress may cause me to be refused admission or to be required to pay for ESL classes or private tutoring until a satisfactory level is reached.

I understand that if my initial home country evaluation does not show a basic level of listening and reading English comprehension, I will be required to take private lessons before departure, as a condition of my being accepted into the program, understanding that a lack of sufficient progress may result in a delay or even my denial to travel.

I understand that PEACE cannot guarantee any student eligibility to participate in interscholastic sports competition between rival schools because rules vary by state according to age, graduation status, years of school completed, previous activity in the desired sport, and school or program listing in various associations.

I understand that PEACE cannot guarantee that any student will be able to play their favorite sport because (1) schools vary greatly in size, and therefore, do not offer the same sports from one to another; (2) team sizes are restricted and may require tryouts to determine minimal skills.

I understand that PEACE cannot guarantee that any student will be able to attend their desired academic classes because (1) schools vary in size, and therefore, do not offer the same courses from one to another and (2) class sizes are restricted, so, some offered classes may be full.

I understand that PEACE cannot guarantee graduation diplomas to foreign exchange students who pass the otherwise requisites, because requirements vary by states and their various school districts. Schools are not required to give credit for work earned in another country, nor can they always rectify the differences in each curriculum.

I understand that if I need credits transferred to my home school I will attach to this application a written request in English, signed by my principal, indicating to the host school what classes I need for credit to graduate at home. Or, if I seek to graduate while abroad I will attach my last two years transcripts with an explanation of the depth of material covered in each, provided by my school, translated into English.

I understand that for exchange students already graduated in their own country, while a few schools may give honorary diplomas, certificates of attendance are most common, even if participation in the cap & gown graduation ceremony is allowed. If graduated, I will not seek a diploma.

I understand that public schools are not required to accept exchange students and that federal law prohibits bringing students without school acceptance, so my arrival could be delayed until acceptance is secured.

I understand that public schools may not be available and that private schools have no tax support and, therefore, may require full or at least partial tuition and/or fees for admission and that PEACE program fees are not budgeted to include these costs. I can afford a maximum of []\$1500 []\$3000 []\$4500 []\$6000 []\$7500

I understand that personal contact with other exchange students should be limited to incidental association via school activities, and that I will not talk in my native language in school except in a language class.

I understand that while popular fashion is desired to fit in with students, PEACE forbids extreme styles. Males: no ponytails, long hair, beards, moustaches, earrings. Girls: may not wear provocative (too short or too tight) clothing. Neither may have tattoos or body piercings nor wear ghetto-culture clothing, nor cloths displaying immoral or vulgar sayings.

I promise not to gossip to school friends about problems within the host home. I will first speak to my PEACE counselor and not initially involve schoolteachers or counselors unless it is a school related problem or if I have not received adequate help and support from my program.

I understand that if a school reports me as being academically deficient or in violation of rules of conduct, I will be deprived of extracurricular activities or sports practices, and may even be suspended, as deemed by the school administration's discretion. I also understand that I may be subject to additional punishment by my host family and/or PEACE.

I have never been expelled from any school for any reason of conduct. I understand that if a host school should expel me due to my violating laws, school rules of conduct, or academic failure, I will be dismissed from the program and sent home immediately at my own expense.

signature of student (estudiante)

signature of parent (padre)

date (fecha)

ACADEMIC AGREEMENT addendum to school student conduct & discipline policy

I. STUDENT RIGHTS AND RESPONSIBILITIES:

It shall be the right of each student:

1. to have a safe, healthy, orderly and courteous school environment;
2. to take part in all activities regardless of race, sex, religion, national origin, or disability;
3. to attend school and participate in school programs unless suspended for legal causes;
4. to have school rules available for review and explanation by school personnel;
5. to be suspended from instruction only after educational legal rights have been observed;
6. to be allowed to present your version of facts or circumstances before being disciplined;

It is the duty of all students when participating in or attending extracurricular events

1. to learn and abide by all district policies, rules and regulations pertaining to conduct;
2. to work to the best of his/her ability in all academic and extracurricular pursuits;
3. to behave as a representative of the district and hold oneself to the highest standards of conduct, demeanor, and sportsmanship, and accept responsibility for his/her actions;
4. to seek help in solving problems that might lead to disciplinary procedures;
5. to be in regular attendance at school and in class;
6. to contribute to an orderly environment, showing respect for other persons and property;
7. to dress in accordance with Board Policy Student Dress Code;
8. to make constructive contributions reporting circumstances of school-related issues fairly

DISCIPLINE CODE FOR STUDENTS

applies to behavior of students while on school grounds, in school buildings, or participating in or connected to school-related activity. A student may be subject to disciplinary action when behaving in a manner which is:

1. disorderly, that is fighting, harassing, assaulting or behaving violently, threatening another with bodily harm,
- c. intimidating students or school personnel,
- d. making unreasonable noise,
- e. using abusive language or gestures such as racial or ethnic slurs
- f. using electronics like radios, recorders, players, games, beepers, pagers, cell phones etc
- g. obstructing vehicular or pedestrian traffic,
- h. driving recklessly,
- i. creating a hazard or physically offensive condition by acts of no legitimate purpose like
- j. loitering or being present on or entering into any school property without authorization; or
2. insubordinate to direction of teachers, administrators or any school employees in charge of school buildings or activities
- a. engages in tardiness, missing or leaving school or class without permission or excuse,
- b. cheating on academic exams, sports or extracurricular activity,
- c. violation of the Board of Education policy on Student Publications.

Student Conduct and Discipline

4. endangers safety, health, morals or welfare of themselves or others by
 - a. possession, use, or sale of alcohol, drugs or other controlled substances
 - b. possession, use, or sale of weapons, fireworks or any dangerous objects or contraband. Dangerous objects include, but are not limited to: guns, starter pistols, knives, razors, box cutters, clubs, metal knuckles, nunchakus, Kung Fu stars, explosives, and any instrument, or substance, which under circumstances in which it is used, or threatened to be used, is readily capable of causing death or other serious injury or resembles a dangerous object
 - c. possession or use of tobacco or tobacco products,
 - d. using profane, vulgar or abusive language,
 - e. possession, sale or use of obscene materials,
 - f. gambling,
 - g. hazing,
 - h. extortion,
 - i. theft,
 - j. engaging in lewd behavior,
 - k. willfully defacing or destroying school property or property of others on school premises
5. engages in conduct violating the maintenance of public order on school property.

III. DISCIPLINARY MEASURES

Depending on the nature of the violation, it is the Board's desire that student discipline be progressive, i.e., a student's first violation should merit a lighter penalty than subsequent violations. It is also the Board's desire that staff take into account all other relevant factors in determining an appropriate penalty. The following penalties may be imposed either alone or in combination. Based upon the circumstances, it is at the discretion of school staff to determine the penalty warranted by a particular violation.

PERMISSIBLE PENALTIES FOR BAD STUDENT CONDUCT

The range of penalties for violations of student disciplinary code include the following:

1. oral and/or written warning or reprimand to the student alone
2. oral and/or written notification to the student's parents/guardians
3. detention and/or probation
4. suspension from transportation, athletics, social & extra-curricular activity or privileges
5. exclusion from a particular class
6. in-school suspension
7. involuntary transfer
8. restitution for property damage
9. Counseling and school or community.

SUSPENSIONS

1. A pupil may be suspended from school by the principal pursuant to Education Law for a period of not longer than five school days.
2. All suspensions and the reasons therefore shall be promptly reported to the Superintendent.
3. In every instance, a student who is accused shall be provided with an opportunity to explain his/her version of the situation.
4. The principal shall then determine whether a violation occurred, and if so, whether a suspension is warranted.
5. Such suspension must be immediately referred to the Superintendent to consider such further action as s/he shall deem appropriate.
6. Suspensions for more than five days shall be carried out in accordance

signature of student

signature of parents(s)

date

P.E.A.C.E. PLACEMENT POLICY

PROGRAM: Placement Fee quoted \$_____ **Check Term applied for:**
☐ Academic Year (AY), ☐ Fall Semester, ☐ Spring Semester, ☐ Partial Semester,
☐ Partial Year (SS+), ☐ Calendar Year (CY), ☐ U.S. Winter ☐ U.S. Summer
☐ for on-time guarantee will pay AY vs CY rate diff. +agree to nationwide placement.

TARGET TRAVEL DATES (TTD): (estimated, not guaranteed)
☐ Fall Semester or Academic Yr: Aug 15; ☐ Winter Term & Partial year: Dec 15 ☐
☐ Spring Semester or Calendar Year: Jan 15 ☐ U.S. Summer: July 1st

REGISTRATION DEADLINES

Only Timely Applicants (accepted and 50% paid six months prior to "TTD" above) are guaranteed placed on time, unless additional fees and/or nationwide search is agreed to. **Late applicants** are not guaranteed placement on time, but if placed late will be granted extra days up to July 31; or may be deferred to the next school term.

PROGRAM COSTS

1. **APPLICATION FEE:** An additional 5% of the PLACEMENT FEE is to be paid in local currency. 2.5% is due initially for the cost of applications, advertising, language testing, personal interviews, int'l. phone calls, express mail, etc. and 2.5% is due at the time of departure orientation. These fees are non-refundable.
2. **PLACEMENT FEE:** Upon passing language tests, interviews, completing a full application, receiving acceptance notice and signing final terms APPLICANT must pay 50% of the Placement Fee immediately to the PEACE home office and the remaining 50% upon notice of placement with a host family and school.
3. **CANCELLATION FEE:** \$100 is charged for refunding placement fees sent to PEACE prematurely before an application was reviewed, that is later rejected, OR if accepted applicant is later found to have low English when orally tested.
4. **AIR TICKETS** ☐ included ☐ not included in price above (see Fact Sheet); but none will be purchased until 100% of program fees are received by PEACE. *Fuel surcharges may be added if airlines raise prices after program price is set.
 *Airlines charge penalties for excess and overweight luggage when checking in.
 *Airlines charge at least \$250 for each time or date change (except emergencies). *Airlines charge a new ticket difference in fare to change cities after purchase.
5. **CHANGE FEES:** To extend an ongoing program beyond the term they paid for applicant must pay \$10/day for continued insurance and program support or the difference in program fees, whichever is greater. *To change a visa from B-2 to J-1 or J-1 to F-1 will result in new U.S. Visa Fees.
 *To reapplying to be interviewed, if turned down for a visa, will cause a new fee.

PAYMENT TERMS AND DEADLINES

1. If you need to make Partial Payments, PEACE will not begin searching for a host family until the initial 50% of the Placement Fee is received in the U.S.
2. The balance due above 50% may be paid directly to the U.S. office or held in ESCROW by your local PEACE agent until you receive notice of placement; but 100% of all fees must be received in the home office no later than 30 days prior to the appropriate Program Target Travel Date (Aug.15, Dec 15, Jan 15 or July 1), even if placement has not yet been made, in order to avoid further delay.
3. PEACE will not release host family and school details, or air tickets until 100% of fees due and proof of all required immunizations, authorization for treatment of a minor, medical exam and history, academic records, and language test are received at U.S. Headquarters. If not paid promptly your host family may be released to another student and your visa canceled.

METHODS OF PAYMENT

1. **CHECKS** must be made payable to "PEACE, Inc." in U.S. DOLLARS. All checks *must* be magnetically encoded with an ABA routing number to enable our bank to collect funds from your bank. Checks returned for insufficient funds must be replaced with "bank certified funds" plus a \$50 penalty.
2. To **WIRE** money bank-to-bank, send it to "ProAmerican Educational And Cultural Exchange, Inc., c/o Sovereign Bank, Pottsville PA 17901 in P.E.A.C.E. Operating Acct #8181013204, ABA: 231372691". Instruct your bank to wire *via* its own correspondent bank in New York, and not to Sovereign Bank directly because it is not an international bank. Identify full name of student being paid for or we won't know who to credit; fax a copy of the wire order to 570-277-0607 or email to paz@peace-inc.org so we can anticipate its receipt by our bank.

Check all appropriate[] . Fill in all that you agree to before signing!

3. **CREDIT CARDS:** Applicant is responsible for credit card company's merchant fees of 3-5% when paying by credit card. PEACE accepts MC & VISA via PayPal.

RECEIPTS

A local representative of PEACE must give a receipt for all local check or cash payments. Never give payment to a local office or representative without obtaining a receipt from them. No receipt will come from the U.S. home office until monies are received there.

CANCELLATIONS

1. **APPLICATION and ORIENTATION FEES** are non-refundable – whether the student passes or fails the initial interview, testing, and application review or is offered a visa application or not.
2. During contracted time to search for host families, all applicants (on time or untimely) who
 - a) **CANCEL** after written acceptance by PEACE, but *before host* family placement is made, will forfeit a \$500 PENALTY to the PEACE headquarters whether a visa is obtained or not.
 - b) **CANCEL** after PEACE has emailed or faxed notice of securing a host family, but the school is still pending, will forfeit \$1500.
 - c) **CANCEL** after school enrollment notice will forfeit \$2500;
 - d) **CANCEL** due to student failure to qualify for a visa after host acceptance and school enrollment, will forfeit a \$1000 penalty. This penalty can be avoided if applicant successfully appeals and qualifies for a visa later, even if s/he has to wait for the next semester or school year. Applicant should learn visa qualifications and interview at the U.S. Consulate to determine visa eligibility status soon enough to avoid this predicament.

REFUNDS

1. No fee reimbursements will be made to students sent home for bad attitude or behavior, academic failure, violations of program rules or laws, lying, or falsifying information at any time during the program. Nor will fees be reimbursed for voluntary early return due to health, homesickness, dissatisfaction with host family, school, program rep, or personal reasons. Airline change penalties are always the student's responsibility. In any discrepancy, interpretations of program documents & rules are made exclusively by the PEACE directors.
2. **Timely Applicants** options are to cancel for 100% refund of their Placement Fee (less bank fees if wire requested) or re-contract a new placement deadline and get a Late Arrival Refund of \$10 for each day PEACE gives placement notice later than TTD.
3. **Late Applicants** (applying less than six months before the TTD (target travel date) are only eligible for a late arrival refund of \$10 per day if placement notice is late by the below schedule:
 - applied 150-180 days prior to TTD only if placed 15+ days late
 - applied 120-149 days prior to TTD only if placed 30+ days late
 - applied 90-119 days prior to TTD only if placed 45+ days late
 - applied 60 - 89 days prior to TTD only if placed 60+ days late
 - applied within 60 days of the TTD do not qualify for any late placement refund, but their return date may be extended .
4. Failure to notify the PEACE US office by fax or e-mail of intent to cancel by 9pm EST the next business day after the target travel date, will result in an automatic 30 day extension for PEACE to make a placement whether the original application was timely or untimely.
5. All applicants are eligible to re-contract for the next school semester or school year with no increase in program fees otherwise applicable to new applicants.

Signature of parents: _____ Signature of student: _____ Date: _____

Public vs. Private Schools, Host Expenses, Placement Locations

While the majority of students attend public (tuition-free) schools, some host family's teenagers attend private school and want an exchange student living in their home to attend the same one.

In other cases the public school has a quota, a deadline, a maximum or minimum age, denies students who graduated in their country, prefers graduated students, favors one organization, is overcrowded, is in a building renovation, is unsafe or unwelcoming, or your academic or English level is not high enough for them. *In such cases we may have to search for a private school.*

All U.S. exchange programs are regulated by the federal government and have a quota of J-1 visas they are limited to issue each year. By the time you apply, our organization's allocation may be used up, in which case if you don't want to wait for the next school term a nearby private school's I-20 will have to be used for an F-1 visa to attend there.

While some require students to be a practicing Christian or Catholic to be admitted, the main pre-requisite is that students be at least average or above academically, be of good moral character and behavior, be able to read, write, and speak English at least at an intermediate level, and have parents willing to pay tuition. This makes it easier and quicker to place YOU.

Tuition Fees at these schools average from \$2,000--\$4,000/semester. This cost is in addition to the Program Fees quoted by your International Representative. If you want your child to be considered for these schools, please indicate your preference below and the maximum tuition you are willing to pay. Before your child's placement is confirmed, we will contact you with the tuition & fees asked by the school, at which time you have the option of accepting or rejecting the private school or making a counter offer. Sometimes the program can negotiate a lower rate.

_____ Do not consider my child's application for a Private School Program. We cannot afford it.

Do Consider my child for: Tuition range/ semester (1/2 year): (check one) _____ \$1000 - \$1,500
_____ \$2,000 - \$3,500
_____ \$4,000 or more

Maximum School Tuition Fee we are willing to pay per semester (in U.S. dollars) \$ _____

Host Expense: Both public and private schools may also charge additional fees for books, uniforms, team sports and other extracurricular activities, etc. Public and private schools have cafeterias where students can buy breakfast and lunch. Some bring it from home. Again, these costs vary from \$1.50-\$5.00. \$220 a semester is about average for a standard lunch plan without extras. Some families are not willing to host unless the student buys his/her own lunch.

Due to the cost of sending their own kids to private school, some families will not host unless they are compensated for all meals and even extra gas spent taking a student places or picking up from sports practices. \$150-400/month is the common range of hosting fees asked.

Maximum Hosting Expense Fee we are willing to pay per month (in U.S. dollars) \$ _____

Geographic Placement is now optional in or near *Pennsylvania* vs. *Nationwide* and affects the trip. Check or fill in all the appropriate lines below and fax to 570-277-0607 or email to your rep.

_____ *Consider my child for nationwide placement. _____ Consider only Pennsylvania or nearby.

_____ *We are willing to pay \$300+ extra for airfare to attend the Spring trip. _____ *Forfeit the trip.

Parent's Signatures

Student's Name (print clearly)

Date

