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**CALL FOR APPLICATIONS**

**2024 Seongnam City International 4th Youth Conference**

**Theme: The Digital Transformation Conference**

Aurora Sister Cities International invites Aurora metropolitan students aged 14-18 (at the time of the conference) to apply to participate in the “Digital Transformation Conference” in Seongnam City, South Korea. Travel includes a 4 day conference and 2 days of cultural experiences and excursions.

Through its sister city partnership with the city of Seongnam, South Korea, Aurora Sister Cities International has sent youth to the Seongnam City International Youth Conference in the past.

In early August (August 1-9), the city of Seongnam, South Korea, will host students from all over the world, by the Seongnam City Youth Foundation and Seongnam City Government.

The conference in Seongnam City takes place biennially in order to provide a platform for youth from around the world to collaborate with Korean youth to consider and respond to relevant global issues.

This conference offers Aurora metro youth the unique opportunity to hear global perspectives on the challenges and rewards of globalization while also gaining exposure to future career pathways in the globalized marketplace.

All expenses, including travel insurance, are covered for participants while in Korea. Participants will be required to cover airfare, lodging, meals and excursions prior to the conference. Some scholarships for travel are available based on need and merit.

**Interested applicants should submit the attached application with typed responses to Jennifer Kim email:** **mjenniferkim@gmail.com** **(303-489-4624). Chair of the Korea Committee . Applications are due by (May 10th, close of business day).**

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**APPLICATION**

**2024 Seongnam City International 4th Youth Conference**

**Conference Dates**

The Digital Transformation conference will take place August 5, 6, 7, 8 and 9 (See draft schedule). The trip is scheduled to begin August 1 and includes travel, and two days of sightseeing and cultural and educational experiences.

**Participant Travel Dates**

Participants should plan on being available for travel outside of the country between August 1st through August 9th.

**Participant Travel Information and Participation Requirements**

Participants will travel to Seongnam City with a group of 10 students and 2 chaperones. Participants are required to travel together with the group on the same date and flight. Participants are expected to remain with the group at all times and participate in all scheduled conference activities, including a cultural show.

Participants will be required to join 3 pre-travel orientation sessions to prepare for the trip. The workshops will cover the culture and history of Korea; cross-cultural communication and “culture shock” issues; dress and clothing requirements; and emergency preparedness. During the preparatory sessions, students will also be collaborating to prepare a performance for “culture day.”

**Trip Expenses**

The Seongnam City Youth Foundation will cover all participant expenses (lodging, transportation, meals) while in Korea during the four-day period. Participants will be required to cover the cost of airfare to Korea, lodging and meals, prior to the conference. Participants shall be prepared to cover the cost of incidentals (passport purchase, airport purchases, souvenirs and other personal shopping, purchase of voltage converters and adaptors, and cell phone services, etc.).

Once candidate selection has been determined and all candidates have been notified, ASCI will need to purchase group airfare and undertake other preparatory activities as soon as possible. As such, **we will need to collect the airfare fee by June 15, 2024, in the amount of $2,100.00. Releases, a copy of your passport, and any other related legal forms are due no later than June 15, 2024 to Jennifer Kim.**

We understand that the airfare to this conference may be limiting to many students and as such we are offering partial scholarships.

**SCHOLORSHIP INFORMATION**

ASCI is pleased to offer scholarships to participant’s need and merit.

**Criteria for Awarding Scholarships**

Students will be awarded scholarships based on a combination of need and merit. Need and merit will be determined based on the essay responses you submit, as well as from review of ONE of the following documents:

* Parent or guardian pay stubs (only one-month needed; pay stubs must be submitted for all parents or guardians who are receiving an income and contributing to household income; could include work, social security or other similar income); OR
* Previous year’s income tax return (one-year only); OR
* Written statement by parent or guardian that is signed which states special circumstances that would limit their child’s participation absent a scholarship.
* The completion of the Essay Question

To apply for a scholarship, fill out the form and answer the Essay question below:

**Essay Question**

**All essay question responses must be typewritten.** **Please limit your answer to 150 words.**  Please describe any barriers or hardships your family has related to paying for airfare to the Seongnam City International Youth Conference.

**Application Deadline**

This application (personal information, essay questions, copy of passport) must be completed and returned to Aurora Sister Cities International by May 10, 2024 application date.

**Scholarship Interviews**

Scholarship interviews will be conducted per applicant with a designated interview team. The date and time of the interviews will occur following the May 10th application date.

**APPLICANT INFORMATION**

**Candidate Interview Dates/ Times**

Aurora Sister Cities International will review all applications and select the final candidates. **Applicants will be contacted no later than May 12th** to schedule an interview during one of the dates below.

* May 13 and 14th at the Aurora Municipal Building, between 5:00 pm and 7:00 pm
	+ Interviews will be conducted in person.
* Candidates will be notified of their selection by May 17th, via email.

**Pre-travel Workshop Dates**

* Three Pre-travel workshops will be conducted prior to the trip
	+ Pre-travel workshops are mandatory for the student to prepare them for travel
	+ Workshops are scheduled: June 8, June 22, and July 20th
	+ Additional workshops may be required

\*\*Participants should notify ASCI staff of any scheduling challenges ASAP.

**Please fill out the following information and answer the following questions.**

Last Name:

First Name:

Date of Birth:

Gender (Male/Female/ Other):

GPA:

School:

Grade:

Student Phone Number:

Student Email Address:

Parent/ Guardian Email:

Parent/ Guardian Phone Number:

Address: Unit: City: State: Zip:

Name and location of your current school:

**Are you/is the candidate available to travel between the dates of August 1, through August 9th?** (Note that this may be during the school year and that you will have to work with your school and class instructors to make up class work).

YES\_\_\_ NO \_\_\_ Participant or Guardian Initials\_\_\_\_\_\_\_

**Are you available the following dates to attend pre-conference/ pre-travel workshops and preparatory sessions?** (answering NO will not affect eligibility).

Enter the dates of the pre-travel workshops and make sure that you have sign off from the participant AND their parent/Guardian

**The pre-conference workshop sessions are texting free, selfie free and cell phone free. Do you agree to not use your cell phones and other talk/texting devices during that time?**

YES\_\_\_ NO \_\_\_ Participant or Guardian Initials\_\_\_\_\_\_\_

**Do you own a passport?**

YES\_\_\_ NO\_\_\_ Country of Issue:

Expiration Date:

If you do not currently own a passport, you will need to acquire one immediately.

**You will be asked to provide a student vaccine record, prior to travel.**

**Have you ever traveled outside the United States?** YES\_\_\_\_ NO\_\_\_\_\_

**Did you participate in the Aurora Sister Cities’ Global Youth Leaders program?** YES \_\_\_ NO \_\_\_\_

**Were you scheduled to attend the Youth conference in Costa Rica?** YES\_\_\_ NO \_\_\_\_\_

Please complete the following Essay Questions and return them with your application.

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|  **Essay Questions**  |

**Essay Question # 1. Please limit your answer to 150 words.** Have you been involved in any volunteer, paid work, service learning or extra-curricular activities? If so, please describe those activities (examples: volunteered or participated in Aurora Sister Cities activities; volunteered at a shelter or food bank; served on a Youth Commission; worked at a local business; played sports; involved in religious activities; participated in other leadership programs; etc.). If you have not been involved in volunteer or extra-curricular activities or had a job, please explain why you have not:

[TYPE ANSWERS HERE]

**Essay Question #2. Please limit your answer to 150 words.** If you had the ability to change your community in a positive way, what changes would you make?

[TYPE ANSWERS HERE]

**Essay Question #3. What was the longest duration you traveled inside *or* outside of the United States? Please explain.**

[TYPE ANSWER HERE]

**Essay Question # 4. Are you interested in being considered as an alternate if you are not selected to be part of the delegation?** YES\_\_\_\_ NO\_\_\_\_

**Essay Question #5. Please limit your answer to 100 words.** Why are you interested in joining the youth delegation to Korea?

[TYPE ANSWER HERE]

**Essay Question #6. Please limit your answer to 100 words.** Tell us your current educational and career aspirations.

[TYPE ANWER HERE]

**Essay Question #7. Please limit your answer to 100 words.** Describe how you expect to benefit from this experience?

[TYPE ANSWER HERE]

**Essay Question #8. Please limit your answer to 100 words.** How do you believe your experience in South Korea will help you gain an appreciation for how the world is interconnected on all levels (environmental, cultural, and political)?

[TYPE ANSWER HERE]

**Essay Question #9. Please limit your answer to 100 words.** How will you positively represent the City of Aurora while abroad? What would your contribution be to the group?

[TYPE ANSWER HERE]

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| **Participant Releases** |

**Participant Personal Information**

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender (Male/Female/ Other): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Shirt Size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Passport Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Country of Issue: \_\_\_\_\_\_\_\_\_

**Parent/Guardian Information**

**Primary Contact**

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: ­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact or another Parent/Guardian**

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: ­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Information**

Does the candidate have any medical conditions that you or your doctor feels could limit conference participation?

YES \_\_\_\_\_ NO \_\_\_\_\_\_ If yes, please identify and explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the candidate current with Colorado’s vaccine schedule for children attending child care or schools?

YES \_\_\_\_\_ NO \_\_\_\_\_\_ If no, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*A copy of student’s vaccination record must be provided to prior to participation.**

Is the participant currently taking any prescription or non-prescription medication?

YES \_\_\_\_\_ NO \_\_\_\_\_\_ If yes, please indicate the medication(s) and the condition(s) being treated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the candidate have a history of allergies or reactions?

YES \_\_\_\_\_ NO \_\_\_\_\_\_ If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the candidate have any dietary restrictions (please include religious restrictions in addition to medical restrictions)?

YES \_\_\_\_\_ NO \_\_\_\_\_\_ If yes, please identify and explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the candidate have a history of, or currently suffer from any medical condition(s) of which we need to be aware?

YES \_\_\_\_\_ NO \_\_\_\_\_\_ If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Care Physician’s Name or Name of Practice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the participant have a Dental Care provider?

YES \_\_\_\_\_ NO \_\_\_\_\_\_

Dentist’s Name or Name of Practice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dentist’s Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Insurance Information**

Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Holder’s Name (Parent/Guardian): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Release Form** |

**Parent/Guardian Permission**

I grant permission for my child to travel abroad to the Republic of Korea (South Korea) with representatives of Aurora Sister Cities International to attend a youth leadership conference and engage in workshops, seminars, simulations and cultural excursions and activities.

Parent/Guardian Name (Please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Financial Commitment Agreement**

I understand that as a participant I am responsible for the purchase of my own airfare, passport and other trip incidentals (example: voltage converter, shopping money, purchase of food during travel, business attire, etc.). I understand that while Aurora Sister Cities International will be providing some scholarship funds for some individuals based on merit and need, such funds are not guaranteed.

Participant Name & Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Self or Parent/Guardian Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Self or Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorization for Healthcare:**

This health history is correct and accurately reflects the health status of the participant to whom it pertains. The person described has permission to participate in all conference and travel activities except as noted by me and/or an examining physician. In emergency situations, I give permission to the physician selected by Aurora Sister Cities International to order x-rays, routine tests, and treatment related to the health of me (participants 18 years or older) or my child (participants under 18 years of age). If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for the participant. I understand the information on this form will be shared on a “need to know” basis with organization staff. I give permission to photocopy this form. In addition, the organization has permission to obtain a copy of my child’s health record from providers who treat my child and these providers may talk with the program’s staff about my child’s health status.

Participant Name & Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Self or Parent/Guardian Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Self or Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Participant Code of Conduct**

Participation in Aurora Sister Cities International activities are subject to the observance of the program rules. Any participant who knowingly violates this Code of Conduct is subject to discipline, up to and including removal from the activity. Determination of disciplinary action shall be done with input from the volunteers and staff overseeing the program or activity. Final decisions about discipline will be made by the Aurora Sister Cities International staff.

Participants will:

* Show respect for, and cooperate with fellow participants, volunteers and staff (chaperones).
* Under no circumstances, commit or threaten violence toward any individual, group or the program.
* Under no circumstances, possess, sell or consume alcohol or possess, sell or use controlled substances at the Aurora Municipal Center, the Aurora History Museum, the Aurora Welcome Center or any other facility used for Aurora Sister Cities International purposes.
* Under no circumstances, attend or participate in the Global Youth Leaders programming under the influence of alcohol and/or controlled substances including marijuana, tobacco, electronic cigarettes, etc.
* Under no circumstances, attend the Seongnam City Youth Leadership Summit under the influence of illegal drugs or other illegal substances.
* Under no circumstances, bring dangerous or unauthorized materials (such as explosives, weapons or similar items) on the airplane or to the Seongnam City Youth Leadership Summit.
* Abstain from harassment or bullying of another participant, volunteer or staff member (either in face to face interactions, through social media or other communication venues), particularly when the behavior is disrespectful as regarding a person’s gender, race, age, sexual orientation, religion, national origin, disability, or appearance.
* Not cheat or falsely represent efforts related to Aurora Sister Cities International Global Youth Leaders program.

I have read and agree to adhere to the above Rules and Code of Conduct of Aurora Sister Cities International Global Youth Leaders Program- Seongnam City Youth Leadership Summit. My child and I fully understand the Code of Conduct as detailed above and I agree to him/her receiving appropriate disciplinary action should he/she breach them:

Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Evaluation Acknowledgement**

As a participant in the Aurora Sister Cities International organized trip to the Seongnam City International Youth Conference, you or your child may be asked to help with the evaluation of the program. You or your child may be asked to complete a short survey about what he/she/ they learned or did as a result of the program. Surveys could be given before the program begins and/or after the program has ended. Surveys typically take no more than 10 minutes to complete. All surveys are confidential. Youth are not required to participate in a survey. If you or your child does not wish to participate, it will not affect involvement in any programs of Aurora Sister Cities International.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Media/ Photo Release**

I authorize Aurora Sister Cities International to record my or my child’s image and/or voice for use by Aurora Sister Cities International in research, education, and promotional programs. I understand and agree that these audio, video, film, and/or print images may be edited, duplicated, distributed, reproduced, broadcasted, and/or reformatted in any form and manner without payment of fees in perpetuity.

Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|   |  **APPLICATION PACKET CHECKLIST** 2024 Seongnam City International Youth ConferenceSeongnam City, South Korea   |

**APPLICATION AND SUPPORTING DOCUMENTS**

**ARE DUE NO LATER THAN May 10, 2024!**

Please complete and return the following documents via email or mail to

Jennifer Kim

Email: mjenniferkim@gmail.com

303-489-4624

Aurora Sister Cities International

15151 E. Alameda Pkwy

Aurora, CO 80012

* Completed 2024 Seongnam City International 4th Youth Conference Application & Releases
* If applying for a scholarship, please complete and submit the Scholarship Application Section with ONE of the following supporting documentation:

* Copy of parent or guardian pay stubs; OR
* copy of parent or guardian tax returns; OR
* signed, written statement by parent or guardian.
* Copy of student passport. Copies only- No originals please!

**Questions?**  Contact Jennifer Kim