

APPLICANT
(2 COPIES)

**ENGLISH-SPEAKING UNION OF THE UNITED STATES
SECONDARY SCHOOL EXCHANGE PROGRAM IN ARGENTINA.
APPLICATION FORM FOR AUTUMN 2012**
To be completed by the applicant and returned to school



Please type or print

NAME _____

SCHOOL _____

SCHOOL ADDRESS _____

DAY/BOARDER _____ GRADUATION DATE _____

HOME ADDRESS _____
(Street)

_____ (City) _____ (State) _____ (Zip)

TELEPHONE _____ E-MAIL _____

DATE OF BIRTH _____ CITIZENSHIP _____
(Month/Day/Year)

PARENT OR GUARDIAN _____

RELIGIOUS DENOMINATION, IF APPLICABLE _____

COLLEGES APPLIED TO _____

SCHOLARSHIPS, HONORS, EXTRACURRICULAR ACTIVITIES _____

SPECIAL INTERESTS AND SPORTS _____

PREVIOUS TRAVEL OR RESIDENCE ABROAD (Give locations, dates and duration) _____

OCCUPATIONAL EXPERIENCE (Describe briefly any employment, paid or voluntary) _____

A NOTE ON PLACEMENT:

Although every effort is made to place students in schools to which they would be best suited and to honor their personal preferences, please note you are obligated to accept the place offered to you whether or not it meets all your preferences. Willingness and ability to adjust to a different environment are two of the skills to be learned from the Exchange.

PERSONAL ESSAY:

(Please attach a 1 to 2 page TYPED original essay in Spanish and in English which conveys something about your interests, philosophy or experiences. Feel free to submit an appropriate essay that you have used as part of the college application process). An additional writing sample will be administered at the time of your interview.

FINANCIAL OBLIGATIONS: Please read carefully.

By checking each box and signing at the bottom, I affirm my understanding and acceptance of the following financial obligations to participate in the program:

- The minimum cost of international airfare, incidental and vacation expenses is estimated to be \$5,000.
- A non-refundable program fee of \$1500 is required upon approval of your application by the American Committee.
- All bills of a personal nature incurred during the year will be paid in full before the end of the academic term.
- Students attending boarding schools receive scholarships covering tuition, room and board.
- Most schools require a deposit, payable at the beginning of each term, to cover the cost of books, equipment or personal expenses which the student may incur.
- Parents are also responsible for providing international airfare, incidental expenses, uniforms if required and maintenance during vacations.

CONDITIONS OF AWARD:

By checking each box and signing at the bottom, I affirm that the following statements are true and correct. In the event that I am awarded a grant:

- I WILL DEFINITELY ACCEPT.
- I will provide a letter of deferral from the American College/University to which I have been admitted.
- I will abide by the rules and regulations of the host school, undertake a full academic program including and remain for the full academic term which begins August and ends in November.**
- I will keep the ESU Argentina informed of my whereabouts and prepare any required reports on my experiences.
- I understand that in case I fail to maintain a satisfactory record, or my conduct is considered prejudicial to the best interests of the Exchange, my scholarship will be withdrawn.
- I will return to the U.S. immediately in the event of my withdrawal from my Argentine school whether this is voluntary or involuntary.
- I will return to the U.S. to attend college or university after my term in Argentina.
- I will not use illegal or harmful drugs while participating in the Exchange.

Signature of Applicant _____ Date _____

**ENGLISH-SPEAKING UNION OF THE UNITED STATES
SECONDARY SCHOOL EXCHANGE PROGRAM IN ARGENTINA**

To be completed by parent/guardian of applicant and returned to school

Please type or print

APPLICANT'S NAME _____

SCHOOL _____

HOME ADDRESS _____

(Street)

(City)

(State)

(Zip)

TELEPHONE _____

E-MAIL _____

FATHER _____

OCCUPATION/TITLE _____

BUSINESS ADDRESS _____

(Street Address)

(City)

(State)

(Zip)

TELEPHONE _____ E-MAIL _____

MOTHER _____

OCCUPATION/TITLE _____

BUSINESS ADDRESS _____

(Street Address)

(City)

(State)

(Zip)

TELEPHONE _____ E-MAIL _____

Applicant lives with (please check one): both parents mother father other.
If "other" is checked, please explain.

1. It is essential to furnish accurate information about each applicant's medical history so that the Argentinean school may arrange suitable sports activity and be fully informed in case of any emergency.
 - a) Please circle illnesses the applicant has had:

TUBERCULOSIS	DIPHThERIA	GERMAN MEASLES
CHICKEN POX	MEASLES	MUMPS
SCARLET FEVER	WHOOPING COUGH	OTHERS (PLEASE LIST)
 - b) Tonsils and adenoids removed? YES / NO If so, when? _____
 - c) Has the applicant any history of physical or emotional illness which has required special treatment? YES /NO
If yes, please give full explanation:
 - d) Do you know any reason why the applicant should not enter into a full schedule of study and sports? YES/NO If yes, please explain:
 - e) Do you give your consent to any emergency operation or treatment which might be necessary? YES / NO
 - f) Does the applicant smoke? YES / NO
2. Does the applicant have your permission to drive a car while abroad? YES / NO
3. Argentinean boarding schools provide tuition, room and board.

FINANCIAL OBLIGATIONS: Please read carefully

By checking each box and signing at the bottom, I affirm my understanding and acceptance of the following financial obligations and terms and conditions for my child to participate in the program:

- The minimum cost of international airfare, incidental and vacation expenses is estimated to be \$5,000.
- A non-refundable program fee of \$1500 is required upon approval of the application by the American Committee.
- All bills of a personal nature incurred during the year will be paid in full before the end of the academic year.
- Most schools require a deposit, payable at the beginning of each term, to cover the cost of books, equipment or personal expenses which the student may incur. Parents are also responsible for providing international airfare, incidental expenses, uniforms if required and maintenance during vacations.

TERMS AND CONDITIONS : Please read carefully

I understand that all applicants selected must have been admitted and deferred acceptance to an American college for the year in which they will return from Argentina and are expected to return to the U.S. to attend the college/university to which they have been admitted. A letter of deferral from the college/university must be provided to the ESU upon acceptance of the SSE program.

I understand that students who receive a scholarship under the Secondary School Exchange program:

- cannot choose the Argentine school they will attend
- are expected to abide by the rules and regulations of the host school
- undertake a full academic program
- remain for the full academic term which begins in August and ends in November

I agree that, if for any reason, my child is asked to leave his or her Argentine school before the end of the school year, I will arrange for his/her immediate return to the U.S.

I agree to assume full responsibility for any debts my child may incur while in Argentina under the English-Speaking Union Secondary School Exchange.

I UNDERSTAND THAT MY CHILD'S APPLICATION TO THE SSE PROGRAM ENTAILS THE COMMITMENT TO ACCEPT A PLACE AT AN ARGENTINEAN SCHOOL FROM AUGUST THROUGH NOVEMBER IF OFFERED THE OPPORTUNITY. THIS APPLICATION IS MADE WITH MY FULL KNOWLEDGE, AGREEMENT AND SUPPORT.

I certify that the information given by me is complete and accurate to the best of my knowledge.

Signature of Parent/Guardian _____ Date _____

**ENGLISH-SPEAKING UNION OF THE UNITED STATES
SECONDARY SCHOOL EXCHANGE PROGRAM IN ARGENTINA**

To be completed by Head of School

Please type or print

APPLICANT'S NAME _____

SCHOOL _____

LENGTH OF TIME AT SCHOOL _____

ACADEMIC STANDING IN SENIOR CLASS (Number): _____ IN CLASS OF _____

If school does not rank, please estimate student's quintile: _____

1. Areas of special academic interest or proficiency. _____

2. Extracurricular activities (including athletics). Please comment on areas of particular interest or proficiency.

3. Comment on your knowledge of the applicant's relationship with his/her family.

4. Please comment on the applicant's emotional stability and maturity.

5. Please provide your estimate of the candidate's ability and willingness to adjust to new, and perhaps difficult, living conditions.

6. Is there any reason to think the applicant uses illegal drugs?

7. Every year, some students leave the program without paying bills. It would be helpful to know if, in your opinion, this candidate is likely to have any financial problems.

8. If you have any reservations at all in recommending this candidate, please state them.

9. How eager is the applicant to be an SSE student, involving as it does putting off college, studying another year in a controlled secondary school setting and serving as a student ambassador of the United States and a full scholarship guest of a school in Argentina?

10. Please provide any suggestions you may have as to the most appropriate type of placement for the candidate (e.g., "small school with intimate environment", "opportunity to continue advanced level of music study", etc.).

11. Other comments (Please make your recommendation specific to the experience of a year in an Argentine school). Attach an additional page if necessary.

Signature _____
(Head of School)

Date _____

**ENGLISH-SPEAKING UNION OF THE UNITED STATES
SECONDARY SCHOOL EXCHANGE PROGRAM IN ARGENTINA**

CERTIFICATE OF HEALTH

To be completed by the physician and returned to school

Please type or print

APPLICANT'S NAME _____

SCHOOL _____

DATE OF BIRTH _____
(Month/Day/Year)

HEIGHT: _____ WEIGHT: _____

1. If the applicant has ever had any of the following, please circle:

- | | | |
|-----------|------------------|---|
| Hernia | Diseases of Skin | Diseases of Prostate |
| Sinusitis | Venereal Disease | Rectal Disease |
| Hay Fever | Pneumonia | Abnormal Blood Pressure |
| Asthma | Appendicitis | Heart Disease/Disorder |
| Goiter | Tuberculosis | Back or Spine Disease/Disorder |
| Cancer | Rheumatism | Kidney or Genito-Urinary Disease/Disorder |
| Diabetes | Rheumatic Fever | Malaria or any type of fever |
| Typhoid | Disease of Eyes | Intestinal Disease/Disorder |
| Cholera | Disease of Ears | Gall Bladder Disease |
| Arthritis | Tonsillitis | Paralysis |
| Sciatica | Smallpox | Frequent Colds |

If applicant has ever suffered from any of the above, please give:

- 1) specific name of disorder 2) duration, specify dates 3) final results.

2. During the past five years, when and for what injury or illness (including any of the previously mentioned) has applicant: been under observation, had medical or surgical advice or treatment, been hospitalized? Give:

1) specific name of illness 2) duration, specify dates 3) final results If none, please write "none"

3. Is there any history of adverse reaction to anesthesia? Please describe:

4. Is there any history of allergies to particular drugs or medications? Please explain:

5. Insert "N" if normal; "AB" if abnormal and describe in detail.

Head	_____	Eyes	_____	Ears	_____
Neck	_____	Nose	_____	Pharynx	_____
Heart	_____	Lungs	_____	Hernia	_____
Reflexes	_____	Abdomen	_____	Rectum	_____

Was a chest X-ray taken as part of this examination? YES / NO If so, with what results?

7. Is there any reason to think the applicant uses illegal drugs? YES / NO

8. Comment in full on cranial nerves, motor status and coordination, reflexes and equilibrium, and indicate if applicant has ever suffered from seizures.

9. Has applicant ever been hospitalized or treated for a mental illness? If yes, please give name and location of hospital and dates of hospitalization.

10. Has applicant ever suffered from any nervous, mental or emotional diseases/disorders? If yes, please explain and give dates.

11. Does the applicant show any sign of communicable diseases, overfatigue or physical disability?

12. Do you consider the applicant physically and emotionally able to carry on a full program of study and sports in an educational institution abroad?

13. In your opinion, is the applicant's health and physical condition (Circle one):

EXCELLENT

GOOD

FAIR

POOR

14. How long have you known the applicant? _____

15. Please add any other information, whether or not requested on this form, which might be pertinent to the candidate's application to study abroad.

Signature of physician _____ Date _____

Name and address (Please print): _____
