### **People to People**

### **Sheboygan, WI – Esslingen, Germany Middle School Summer Exchange Program**

### **Application Form**

**Must be received by November 1st:**  
Thomas Nicla 1231 Carmen Ave Sheboygan, WI 53081 or email to ptpsheboygan@gmail.com

**Please attach a photo of the applicant.**

**Applicant Information**

* **Full Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (First, Middle, Last — list name exactly as it appears or will appear on your passport)
* **Gender**: ☐ Male ☐ Female
* **Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **City**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Zip Code**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Family Email Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Student Age**: \_\_\_\_\_\_\_\_\_\_ **Grade**:\_\_\_\_\_\_\_\_
* **Birth Date** (mm/dd/yyyy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **School**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Grade**: \_\_\_\_\_\_\_\_\_\_
* **Overall GPA**: \_\_\_\_\_\_\_\_\_\_

**Parent Information**

* **Parents' Marital Status**: ☐ Married ☐ Separated ☐ Divorced ☐ Widowed
* **Student Resides With**: ☐ Both Parents ☐ Mother ☐ Father ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Relationship)

**Father’s Information**

* **Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Date of Birth**: \_\_\_\_\_\_\_\_\_\_\_\_\_
* **Occupation**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Home Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Cell Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mother’s Information**

* **Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Date of Birth**: \_\_\_\_\_\_\_\_\_\_\_\_\_
* **Occupation**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Home Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Cell Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Does anyone in the family smoke?** ☐ Yes ☐ No

**Siblings**

* Sibling 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name) \_\_\_\_\_\_\_\_\_\_\_ (Age)
* Sibling 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name) \_\_\_\_\_\_\_\_\_\_\_ (Age)
* Sibling 3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name) \_\_\_\_\_\_\_\_\_\_\_ (Age)

**Pets**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **Home and Living Arrangements**

1. **Will the German student have a room of his/her own?**☐ Yes ☐ No  
   *It is recommended but not mandatory. The student must have a separate bed.*
2. **Religious Affiliation**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
   **Denomination**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **How often do you attend religious services?**☐ Weekly ☐ Occasionally ☐ Seldom ☐ Never  
   *Note: Your host family may have a different religious affiliation than you.*
4. **Would you prefer to attend church**:  
   ☐ Of your own denomination  
   ☐ With your host family  
   ☐ I do not wish to attend
5. **Do you have any allergies, health restrictions, or dietary needs (e.g., vegetarian)?**☐ Yes ☐ No  
   If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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### **Personal Responses from the student (Please type your answers and attach to the application)**

1. Describe your home and neighborhood.
2. Describe yourself, your interests, and hobbies.
3. List organizations/clubs you belong to (school or community) and any leadership roles.
4. Describe activities you enjoy with family/friends, previous travel experiences, and relationships with extended family.
5. Why are you interested in participating in the People to People summer exchange program?
6. Comment on your personal strengths and areas where you’d like to improve.

### **Parent’s Statement**

*Applicant’s Name*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To the Parent/Guardian:**Please provide insights into your child’s personality, temperament, needs, and interests. These comments will assist us in finding the best match for the exchange. We appreciate your honest and comprehensive input.

Consider the following points:

* Overall personality
* Relationship with immediate family members
* Relationship with peers, adults, relatives, the elderly, and young children
* Reactions to disagreements and discipline
* Experiences being away from family in the past
* Any special considerations, such as dietary restrictions, physical or health limitations, and other pertinent medical information.

**Please type your responses and attach them to the application.**

### **Teacher Recommendation Form**

*Applicant’s Name*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
*Teacher’s Name*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
*School*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
*Phone Number*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
*How long have you known this student?* \_\_\_\_\_\_\_\_\_\_\_

* **Overall GPA**: \_\_\_\_\_\_\_\_\_\_
* **GPA Last Semester**: \_\_\_\_\_\_\_\_\_\_

On a separate piece of paper, please provide the following information:

1. The student’s behavior in the classroom (authority, peers, participation, group activities, and individual work).
2. The student’s talents, interests, and skills that contribute to others (e.g., school, community, host family).
3. Assess the student’s strengths and weaknesses regarding curiosity, open-mindedness, tolerance for differences, self-motivation, adaptability, and communication skills. Include examples when possible.

**Would you recommend this student for the three-week hosting/exchange program?**☐ Highly recommend ☐ Recommend ☐ Recommend with reservations ☐ Not recommend

**Teacher’s Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Teacher’s Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please mail this form directly to the exchange committee chairman:**Thomas Nicla 1231 Carmen Ave Sheboygan, WI 53081

or email to ptpsheboygan@gmail.com