



YES PROGRAM APPLICATION 2027

Due Date:

Return the completed application and one copy to your YES program office.

INSTRUCTIONS:

Note to student: Please read all of the instructions carefully before you start to fill out this application. Specific instructions for each form are located at the top of the form, and additional instructions are located on the last page of this application.

You must complete every section on each form in this application, and return the completed application by the due date. If you do not return the completed application by the due date, your application will not be considered.

- Write your name at the top of each form where indicated.
- Complete all forms in English only.
- Complete all forms using BLACK ink.

SAVE AS

PRINT

CLEAR FORM

CAUTION! Pressing the CLEAR FORM button will erase the entire form. Once erased, your answers cannot be retrieved.



FORM 1 | Application Cover Sheet

Student Information:

LAST (FAMILY) NAME:

FIRST NAME:

MIDDLE NAME (IF ANY):

SEX (select one): ☐ MALE ☐ FEMALE

AGE:

DATE OF BIRTH:

Please write DOB as DD/MM/YY

CITY OF RESIDENCE:

COUNTRY OF RESIDENCE:

CITIZENSHIP(S):

If more than one, list all.

School Information:

SCHOOL CITY:

SCHOOL NAME:

CLASS (choose one): ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ I ☐ II ☐ III ☐ IV ☐ 1 ☐ 2 ☐ 3 ☐ 4

☐ Other:

SCHOOL TYPE: ☐ Public ☐ Private ☐ Other:

Is school transcript included? ☐ YES ☐ NO

Questions for Student:

Is Form M (Student Health Certificate) included? ☐ Yes ☐ No

Is Form 4 (Recommendation from Teacher) included? ☐ Yes ☐ No

Are passport-sized photos included? ☐ Yes ☐ No

READ AND INITIAL:

By submitting this application, I confirm that all of the information in it, my health form, and my previous essays are accurate and true. All written work is my work. I understand that providing false or misrepresentative information will lead to disqualification or my expulsion from the program.

Student initials: Date:

This Application is FREE OF CHARGE



2027

FORM 2

Host Family
Letter

STUDENT NAME:

Last name

First name

Middle name

INSTRUCTIONS

Write your U.S. host family a letter:

- Introduce yourself and your family. What activities do you enjoy doing together?
- What are your responsibilities at home?
- Describe your interests.
- Tell about your friends. What activities do you like to do together?
- Write two or three sentences to describe your city.
- What plans, if any, do you have for your future and career?
- What else do you want your host family to know about you?
- What are you most interested in learning about America and Americans?

Write your letter in English. You may only use both sides of Form 2. Do NOT write outside the box or paste photos on this form. Do NOT include your family name, your relatives' full names, or the name of your city in this letter. This letter will be shared with U.S. host families considering hosting you.

Dear American family,

(continue on next page)



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FORM 2 | Host Family Letter

STUDENT NAME:

Last name

First name

Middle name



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FORM 3 | Activities and Achievements

STUDENT NAME:

Last name

First name

Middle name

SECTION 1: List school or other clubs and organizations you belong to. Include sports, scouts, religious or youth groups, social activities, special training or hobbies (such as music, dance, drama, foreign language), and any work experience. Include only those activities you have been involved in during the last three years; If you are still engaged in the activity write "now". **See the examples below. Write your activities the same way.**

What activities do you participate in?

ACTIVITY

HOW OFTEN

YEARS OF ACTIVITY
(year start - year end)
If still engaged, write "now"

Example: Basketball

5 hours per week

2023 - now

Example: National dancing lessons

Twice per month

2023 - 2024

Example: Cross-country skiing

Winter

2023 - now

Example: Writing for the school newspaper

During the school year

2022 - 2023

Which activity is your favorite and why?



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FORM 3

Activities and Achievements

STUDENT NAME:

Last name

First name

Middle name

SECTION 2: Describe how you spend your free time. Explain what you do, why you enjoy it, and with whom you do it. **Are there any activities you are interested in trying in the U.S.?** Answer truthfully. Your host family will read this, and may expect you to participate in these activities in the United States.

SECTION 3: List any awards or prizes you have received and any significant achievements for which you have been recognized. Please indicate the dates you received the awards or special recognition and the name of the institution giving the award. Examples include prizes, honors, medals, or Olympiads in areas such as foreign language, creative writing, science, or music.

ACHIEVEMENTS, AWARDS AND LEADERSHIP POSITIONS

NAME OF INSTITUTION

DATE RECEIVED

Example: City English Language Olympiad

School # 140

2025

SECTION 4: If you have traveled on any international exchange program or have lived outside your country, list in this section.

EXCHANGE PROGRAMS (include sponsors) OR LIVING OUTSIDE YOUR COUNTRY

DATES (month & year) FROM - TO:

CITY, STATE AND COUNTRY

TYPE OF PROGRAM

Example: School Exchange

Nov. 2024 - Dec. 2024

Munich, Germany

Cultural



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FORM 4

Recommendation
From Teacher

STUDENT NAME:

Last name

First name

Middle name

School city

School name

Current class (choose one): ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ Other:

INSTRUCTIONS

TO STUDENT: Complete the information at the top of this form. Ask a teacher who knows you well, in your current in-person school, to complete this form. If you cannot choose a teacher, you may choose a school director or a teacher from a school you recently attended. **Do not ask personal or online tutors to complete this form.** This recommendation MUST be filled out in English and returned with your application.

If the recommender KNOWS ENGLISH:

- Give him/her Form 4.
- Ask the recommender to follow the directions below.

If the recommender DOES NOT KNOW ENGLISH:

- Provide him/her with the instructions and questions translated into the recommender's native language.
- Have the recommender's answers translated into English on to Form 4.
- The translator must complete section 4.9.
- **Both the Form 4 and the answers in the local language (if the original is not in English) must be returned with the application.**
- Neither the applicant nor a member of the applicant's family may translate Form 4.

TO RECOMMENDER: Please answer the questions and sign this document. Your answers to the questions on this form will be evaluated along with the student's own application materials to determine his/her suitability for this exchange program. Therefore, we ask you to answer each question honestly, carefully and completely. Return the completed form to the student, who will attach it as part of the application. This form must be filled out in English and have the school stamp.

- 4.1** Please describe this student's behavior. How does the student respond to authority? How does he/she relate to peers and participate in group projects with other students? What talents, interests and skills does this student have that will contribute to an international exchange experience? Please give examples.

- 4.2** Please comment on the student's motivation in school and study habits.

- 4.3** Please evaluate the student's character in the following categories (check the appropriate boxes):

Personality Traits	Excellent	Above Average	Average	Below Average
Maturity	☐	☐	☐	☐
Openness	☐	☐	☐	☐
Leadership	☐	☐	☐	☐
Ability to adapt to new situations	☐	☐	☐	☐
Ability to interact with others	☐	☐	☐	☐
Honesty	☐	☐	☐	☐
Responsibility	☐	☐	☐	☐
Respect for others	☐	☐	☐	☐
Motivation	☐	☐	☐	☐
Curiosity	☐	☐	☐	☐
Knowledge of English (if known)	☐	☐	☐	☐

Comments:



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FORM 4

Recommendation
From Teacher

STUDENT NAME:

Last name

First name

Middle name

4.4a. Has the student had any adjustment or disciplinary problems at school? ☐ YES ☐ NO

4.4b. Has the student missed or repeated a year? ☐ YES ☐ NO

4.4c. Does the student have a history of continuous or frequent absences from school? ☐ YES ☐ NO

4.4d. Does the student currently have any special educational needs? ☐ YES ☐ NO

For example, are they excused from certain classes, given extra time on assignments, or other similar accommodations.

If you answered "Yes" to any question, please explain:

4.5 How long have you known this student? Years:

4.6 In what context do you know this student?

4.7 Are you a teacher at the student's high school? ☐ YES ☐ NO If no, explain:

4.8 Check one of the following and explain below:

- ☐ I feel this applicant is ready to become an exchange student.
- ☐ I have some reservations about this applicant's readiness to become an exchange student.
- ☐ I do not recommend this applicant.

Please explain:

RECOMMENDER

Name of recommender:
family name first name middle name

Position of recommender:

Place of work: Country:

Region: City/Town:

RECOMMENDER SIGNATURE: _____ DATE: _____

TRANSLATOR'S STATEMENT

4.9 This section must be filled out by the translator if the original recommendation is not in English.

I hereby certify that the above English translation is a true and accurate rendering of the original text.

Name of translator:
family name first name middle name

TRANSLATOR SIGNATURE: _____ DATE: _____



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FORM 5 | Biographical information

STUDENT NAME:

Last name

First name

Middle name

STUDENT INFORMATION

Last (Family) name:

First name:

Middle name, if any:

Sex (choose one): ☐ Male ☐ Female

Age:

Date of birth:

City of birth:

Country of birth:

Citizenship(s):

If more than one, list all.

Email:

Are you (or your parents) a U.S. citizen, permanent resident or Green Card holder? ☐ Yes ☐ No

Country: Postal Code:

Region (if any):

District (if any):

City/Town:

Address:

Home phone (include city code):

Mobile phone:

Other phone number where you can be contacted:

Whose phone is this:

Relationship to you: ☐ Friend ☐ Relative ☐ OtherHave you (or your parents) ever applied to emigrate to the U.S.? ☐ Yes ☐ No

FAMILY CONTACT INFORMATION

MOTHER (or legal guardian)

Last name:

First name:

Work phone (include city code):

Home phone (include city code):

Mobile phone:

Country: Postal code:

Region (if any):

District (if any):

City/Town:

Address:

Email:

Citizenship(s):

If more than one, list all.

FATHER (or legal guardian)

Last name:

First name:

Work phone (include city code):

Home phone (include city code):

Mobile phone:

Country: Postal code:

Region (if any):

District (if any):

City/Town:

Address:

Email:

Citizenship(s):

If more than one, list all.

SCHOOL INFORMATION

School city:

Class (choose): ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 Other:

School telephone (city code and number):

School Name/number:

Address:

Postal code:

Is this a boarding school at which you live? ☐ Yes ☐ No



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FORM 6 | Placement Information

STUDENT NAME:

Last name

First name

Middle name

INSTRUCTIONS

Please fill out this form truthfully and completely. **This information is not used during the selection process, so your answers to these questions do not affect your chances of being selected.** Your answers on this form are used only to match you with an American host family if you are selected.

1.0 Describe a typical (normal, not special) day in your life.

1.1 Have you ever been to the U.S.? ☐ Yes ☐ No If yes, when?

How long did you stay?

1.2 Have you ever lived in or traveled to other countries? ☐ Yes ☐ No If yes, when and where?

1.3 What are your household responsibilities?

1.4 What time do your parents expect you to be home during the week?

On weekends?

1.5 How much time do you spend on average studying at home each day? hours each day

1.6 Have you ever lived away from home? ☐ Yes ☐ No If yes, explain below:

1.7 Check the box that best describes the community where you live: ☐ urban ☐ suburban ☐ small town ☐ rural area

1.8 What is the approximate population of your town/city?

Language Study: 2.0 How many years have you studied English?

2.1 At what age did you begin to study English?

2.2 What language(s) do you speak at school and home?

2.3 What other languages do you know? Please list and indicate your SPEAKING ability in each language.

Language: Years studied: Poor Fair Good Excellent

Language: Years studied: Poor Fair Good Excellent

Language: Years studied: Poor Fair Good Excellent

2.4 Have you ever been excused from taking a class, or had any educational accommodations (for example: excused from a math class due to a math-related learning disability, or given extra time on tests due to a reading disability)? ☐ Yes ☐ No If Yes, describe.

3.0 **Future Plans:** Do you intend to continue your education upon completion of secondary school? ☐ Yes ☐ No

3.1 If yes, what do you intend to study?

3.2 What are your future job or career plans?

STUDENT NAME:

last name

first name

middle name

4.0 About your FAMILY. Who lives in your home? (indicate all that apply)

☐ Father ☐ Stepfather ☐ Legal Guardian ☐ Mother ☐ Stepmother ☐ Legal Guardian

name age occupation

Grandfather name age occupation

Brothers name age occupation

name age occupation

Others name age relationship to you

name age occupation

Grandmother name age occupation

Sisters name age occupation

name age occupation

Others name age relationship to you

4.1 Parent(s) is: ☐ married ☐ separated ☐ divorced ☐ single ☐ widowed ☐ legal partners

If divorced/widowed: ☐ mother remarried ☐ father remarried

4.2 Do you have family members or friends in the U.S.? ☐ Yes ☐ No *If Yes, explain:

5.0 What is your religion, if any?

5.1 How often do you currently attend religious services in your home country? ☐ once or more a week ☐ occasionally ☐ never

5.2 Do you need a special place for prayer? ☐ Yes ☐ No 6. Can you swim? ☐ Yes ☐ No

7. Do you have allergies? ☐ Yes ☐ No *If Yes, please explain (examples food allergies, grass, pollen, medicines, dogs, cats, etc.):

8. Will you bring any medication or supplements with you? ☐ Yes ☐ No

*If Yes, please give the name of the medication or supplement and indicate what it is for, how it is taken, etc.

9. Do you have a condition that will require routine medical care or monitoring in the U.S.? ☐ Yes ☐ No

*If Yes, describe type and frequency:

10. Do you have any dietary restrictions for health, religious, or other reasons? ☐ Yes ☐ No

*If Yes, please explain which foods you cannot or do not eat:

10.1 Do you eat pork? ☐ Yes ☐ No

10.2 Will you eat non-halal compliant chicken and/or beef? ☐ Yes ☐ No

11. Please confirm any answers to questions 7-10 have been added and explained on Form M. ☐ Yes ☐ No

12. Do you have experience with cats, dogs, or other animals in your home? ☐ Yes ☐ No In a friend or relatives' home? ☐ Yes ☐ No

13. Do you smoke or vape? ☐ Yes ☐ No 14. Can you live in a home where other people smoke inside the home? ☐ Yes ☐ No

SIGNATURE REQUIRED

FOR ALL APPLICANTS: Halal meats (chicken, beef, lamb, etc.) are often expensive and difficult to find in U.S. communities, where most meat is not slaughtered in compliance with Islamic dietary guidelines. I understand that my family will not expect me to eat pork, but my family is also not required to purchase halal meats (chicken, beef, lamb, etc.) for me. If I prefer not to eat the meat (chicken, beef, lamb, etc.) my host family provides in case it is not halal, I understand I may need to keep a vegetarian diet while in the U.S.

SIGN

STUDENT SIGNATURE (indicating understanding of this statement)

FOR ALL APPLICANTS: Whether or not you smoke or vape, you will not be allowed to smoke while on the YES program in the U.S. I understand that there are laws restricting smoking in my host state and host school, and that my host family may have objections to smoking in their home. I agree to honor these laws and restrictions.

SIGN

STUDENT SIGNATURE (indicating understanding of this statement)

IMPORTANT

DOUBLE PLACEMENT: By signing this item, my parents or legal guardian and I agree to a host family placement with another high school exchange student. Once the double placement is made my placement organization will provide an update. If I do not sign this statement (which is optional), my PO may still propose a double placement.

SIGN

LEGAL GUARDIAN SIGNATURE

STUDENT SIGNATURE



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FORM 7

Parent-Student Agreement

1/4

STUDENT NAME:

family name

first name

middle name

INSTRUCTIONS:

Carefully review this important information with your parents. This form must be signed by you and one of your parents indicating you agree to the terms and conditions of participating in the program. Return the form to your YES program office with your application. Your parents should keep a copy of this document for their reference.

A. PURPOSE

The Kennedy-Lugar Youth Exchange and Study (YES) program (referred to below as "the Program"), sponsored by the U.S. Government, promotes friendship between the United States and your country, and provides participants personal development through living with a U.S. host family and studying in the United States.

The U.S. Department of State implements the Program with the assistance of private, not-for-profit organizations (referred to as "Program Organizations"). While in the United States, participants are in the care of "Placement Organizations" that identify and arrange host families and schools and provide support and guidance for them during the exchange Program. Participants attend a U.S. school, share in American family life, learn about the United States, and develop a deepened awareness of common interests. Participants are required to return to their home country after their Program, where they are expected to share their U.S. experiences.

This document must be signed by a natural parent or legal guardian of the participating student (referred to as the "Parent").

B. PARENT AGREEMENT

General Program Policies

1. I give my child permission to participate in this Program. I and my child will obey the policies described in the Program Handbook and Program Organization guidelines. I understand that the original English-language version of this document represents the final authoritative wording of policies and guidelines.
2. I understand that if I or any other immediate family member has applied at any time to emigrate to the United States or if I or any other immediate adult family member (whether estranged or not) is a U.S. citizen or green card holder, it may negatively affect my child's eligibility for the Program.
3. I understand that if another member of my immediate family will be living in the United States at the same time my child would be participating in the Program, it may affect my child's eligibility for the Program.
4. I affirm that my child has not stayed in the United States for more than ninety (90) days in total during the past five (5) years.
5. I understand that my child must meet the Program eligibility requirements, be a citizen or permanent resident of the country in which s/he is applying, and be able to obtain a passport from their country of citizenship and a J-1 visa for entry into the United States.
6. I understand that participants in an exchange visitor program funded by the U.S. Government are required, under Section 212(e) of the Immigration and Nationality Act, to reside in their home country for a minimum of two (2) years after completing their

exchange program in the United States before they are eligible for an immigrant visa, U.S. permanent residence, or a non-immigrant H or L visa.

7. I understand that if my child is selected to participate in the program, final acceptance will depend on fulfillment of the medical, placement, and academic requirements of the Program, and on the ability of the placement partner to secure an appropriate family and school placement.
8. I understand that I may not visit my child during their time on Program in the United States unless I obtain prior written approval from the Placement Organization.
9. I agree to release and discharge the Program Organizations and their employees and agents; host families; Program representatives; school representatives; and the U. S. Department of State and its employees, agents, and instrumentalities from any legal liability, claim, or demand in connection with:
 - a. any emergency, accident, illness, injury, or other consequences or events arising from the actions or participation of my child in the Program.
 - b. any cause, event, or occurrence beyond the control of the Program Organizations or the Department of State, including, but not limited to, natural disasters, war, terrorism, civil disturbances, and the negligence of parties not subject to the control of the Program Organizations.
 - c. any actions or negligence of commercial airlines, trains, buses, restaurants, hotels, and other entities engaged for travel-related services, including, but not limited to, lost baggage, uncomfortable accommodations, and travel delays.

Travel Policies

10. I agree that my child will travel to and from the United States in strict accordance with the travel plans made by the Program.
11. I will not encourage or permit my child to travel outside the host community during participation in the Program except in strict accordance with the following requirements:
 - a. If my child desires to travel outside the host community **with and under the supervision** of their host parent(s), school official, or other responsible adult, my child must first obtain written approval from the Placement Organization.
 - b. If my child desires to travel outside the host community unaccompanied by their host parent(s), school official, or other responsible adult, my child must first obtain written approval from the Placement Organization and me, the child's Parent. Some Placement Organizations may not allow such travel.
 - c. My child's safety must be assured to the greatest extent possible.
 - d. The travel must not interfere with school attendance.
 - e. *International* travel requires prior authorization by the U.S.

Department of State, and the participant must have a multiple-entry U.S. visa.

- f. I understand that many Placement Organizations limit, discourage, or do not allow visits with natural family members or friends from the home country even if they live in the United States. Such visits interrupt the continuity of the relationship with the host family and may diminish the exchange experience for the student and host family. Policies vary by Placement Organization. I agree to follow all of the Placement Organization's rules concerning visits.
- g. I understand that visits to my child's home country while on program are not allowed. Exceptions may be made in the case of the death or imminent death of an immediate family member (mother, father, brother, sister) contingent upon identification of funding to cover the costs and Program approval. An unauthorized visit will result in my child's dismissal from the Program. Such non-emergency trips break the continuity of the relationship with the host family and may diminish the exchange experience for the student and host family. Any requests for exceptions must be presented to the Placement Organization and approved by the U.S. Department of State.
12. I understand that my child will be responsible for paying any fees incurred for carrying baggage in excess of the baggage limits set by the airlines used for Program travel. I understand that this provision applies to both international and domestic travel within both the United States and our country.
13. I understand that in making travel arrangements for my child, the Program Organizations contract with or use commercial airlines, trains, buses, restaurants, hotels, and other entities whose performance and services cannot be controlled by the Program. I agree that the Program Organizations reserve the right to change or alter travel, lodging, or other arrangements if they believe such change or alteration to be in the best interest of the participants.
14. I understand that my child must return home at the end of the Program on the date assigned by the Program Organization. Participants will not be allowed to remain in the United States after their assigned return-travel date. After which time, they will no longer be supported by the Program, will not have health benefits, and may be reported to the U.S. Department of Homeland Security. Changes to the assigned departure date will not be made to accommodate graduation, prom, or other special school or family events that occur after the assigned date.

School and Host Family Placement

15. I authorize the Placement Organizations and their employees and representatives to change the place of residence or school designated for my child when they believe such change to be in our child's best interest. I understand that I will be notified of any such changes.
16. I recognize that schools in the United States may impose academic standards or other requirements in determining grade level placement that differ from those at the school my child now attends. I acknowledge and accept that participation in the Program does not guarantee credit or graduation from the school my child now attends or from the U.S. school my child will attend while participating in the Program. I and my child will accept the grade placement assigned by the U.S. school. I understand that it is my responsibility to arrange with the school my child now

attends to receive credit or to take exams upon completion of the Program; or to arrange for permission for academic absence from any institute or university to be attended upon return.

17. I understand that my child must attend school and complete required coursework. Non-attendance may result in dismissal from the Program. Allowing for an initial period of adjustment, participants must achieve and maintain adequate academic results. After a reasonable period of time, poor motivation, under-achievement, or inappropriate behavior may be cause for dismissal from the Program. If a student is expelled from school, it will likely result in Program dismissal.
18. I am aware that there is no single living experience that is typical in the United States. I understand that placements are made based on criteria designed to determine suitability of host families.
19. I understand that participants and parents cannot choose host families, school, grade placement, or location of placement. Placement organizations will request participant and parent agreement if your child will be 1) placed in a home with another exchange student [a double placement]; 2) placed with a single host parent without children in the home; or 3) enrolled in a school run by a religious organization. I understand that if I or my child decline a valid placement, my child may be disqualified from the Program.
20. I understand that my child cannot be hosted by our family members.
21. I understand there are strict laws restricting smoking and vaping by people under the age of 21 in the United States. I understand that the host family may have objections to smoking and vaping in their home and that schools forbid smoking and vaping or the possession of tobacco and e-cigarette products. I and my child agree to honor all U.S. laws and host family, school, and Placement Organization restrictions.
22. I understand that the program prohibits students from recruiting their own host families via social media or other online means due to the dangers of sharing personal information online, with strangers, or otherwise outside of the host family vetting process. I understand that if my child attempts to recruit their own host families via social media or other online means, my child may be disqualified from the Program.

Health/Medical Issues

23. I understand that before a participant arrives in the United States, the Program must receive written permission from Parents to obtain emergency medical attention if needed (see "Permission for Care of My Child" form). My child will receive medical attention in case of an accident or emergency. The insurance provider is determined by each Placement Organization. Each insurance provider has specific policies and restrictions governing the types of expenses it will reimburse. Placement Organizations, their representatives and host families are not responsible for any medical bills not covered by insurance regardless of who signs the hospital admission form. The Program is not responsible for any negative results because of medical treatment.
24. I confirm the information stated in the Student Health Certificate is accurate and contains no material omissions of which I am aware.

I understand that omitting information on the Student Health Certificate could endanger the health of my child and may be grounds for dismissal from the Program. I will

immediately inform the Program Organization of any change in information. I understand that any physical or mental health condition requiring a significant and sustained level of care or monitoring of my child may require reconsideration of my child's participation in the Program. In the event my child has a recurrence of any previous illness or any condition contracted before leaving home or in the United States that is not covered by insurance provided by the Program, I authorize the Program Organization to release my child to my care in our home country. I will not hold the Program Organizations and their employees and agents; host families; Program representatives; school representatives; or the U.S. Department of State and its employees, agents, and instrumentalities responsible for any debts incurred in connection with this permission. I understand that treatment will be provided for injuries sustained by my child while on Program, but the extent of coverage is subject to the Program's insurance or health benefits providers' rules and policies.

25. I confirm I have provided a full and complete medical and immunization history for my child. I understand that U.S. schools **may** require immunizations and I agree to allow the Program Organizations to arrange for all immunizations required for my child. I understand that such immunizations will be administered according to U.S. medical standards and at no expense to me or my child.

GENERAL POLICIES

26. **Internet/ Online Activity:** Participants are required to follow all rules regarding use of computers, tablets, cell phones, and the Internet as determined by their Placement Organization, host family, and/or host school. Participants who place private information (such as contact information, pictures, etc.) or any other information on the Internet in an effort to find a host family or in violation of the rules established by their Placement Organization, host family, and/or host school may be dismissed from the Program. These Placement Organization rules are intended to protect students' safety. Students who in any way put the safety of themselves or others in jeopardy by misusing the Internet may be dismissed from the Program and may be subject to prosecution for any violation of law.
27. **Dangerous/Risky Activities:** Health benefit or insurance plans may consider certain activities risky and not cover treatment for injuries sustained while participating in them. Such activities **may** include, but are not limited to, the following:

- bungee jumping
- downhill skiing
- handling or using a firearm or other weapon
- horseback riding
- parachuting
- parasailing
- rock climbing (indoor/outdoor)
- scuba diving
- skateboarding
- snowboarding
- spelunking
- wakeboard riding
- water skiing
- windsurfing
- zip lining

The Program does not permit participants to operate or **to be**

passengers on All-Terrain Vehicles (ATVs), jet skis, motocross bikes, motorcycles, motor scooters, Utility Terrain Vehicles (UTVs), snowmobiles, or other similar recreational vehicles, under any circumstances. Participants are not permitted to engage in any activities not covered by a health benefit plan or insurance. In addition, participants are not permitted to engage in any activities prohibited by their Placement Organization even if the activity is covered by insurance.

28. **Driving Motorized Vehicles:** Participants are not permitted to drive any motorized vehicle (such as a car, motorcycle, all-terrain vehicle, etc.) or pilot any aircraft under any circumstances while in the United States. Violators of this policy will be considered for Program dismissal. Exceptions may be granted for farm equipment if allowed by the participant's Parent and Placement Organization. If authorized, the participant must observe precautions regarding safety and any legal limitations, such as speed restrictions, proper signage on the tractor (e.g. marked with a slow-moving vehicle triangle), proper lighting on tractors for night driving, and/or distance from the farm.
29. **Employment:** The J-1 visa status permitting participants to stay in the United States restricts employment. Participants may not be employed on either a full or part-time basis but may accept informal employment such as babysitting or yard work.
30. **Marriage and Pregnancy:** Participants who marry either prior to or while on program will be considered for dismissal from the Program. Participants who are discovered to be pregnant or to have caused a pregnancy must return home.
31. **Participant Expenses:** The Program provides orientations, travel arrangements, host family and school placements, allowances, and insurance. In addition, the Program provides the Form DS-2019 required to apply for a J-1 visa at a U.S. embassy or consulate. The Program is not responsible for additional student expenses beyond the incidentals allowance, monthly pocket allowance, and official Program activities and travel. The host family is responsible for providing three meals a day for the participant and must provide either lunch money or a bag lunch. All other expenses, such as extra school fees or activities, social activities, personal and hygienic supplies, postage, and telephone calls, are paid by the participant using provided Program allowances.
32. **Illegal Activity:** Students may be subject to prosecution by the U.S. legal system and may be dismissed from the Program if they engage in illegal activity, including but not limited to:
- **Alcohol:** Participants are required to observe all U.S. laws with regard to the minimum drinking age in the United States, which is 21.
 - **Drugs:** Participants are prohibited from selling, using, distributing, sharing, or possessing any drugs that are illegal under federal, state, or local law, including, but not limited to, marijuana and unauthorized use of prescription drugs. Any infraction is considered a grave violation of policy and may result in dismissal from the Program.
 - **Smoking:** There are strict laws restricting smoking in the United States. The legal age to buy tobacco in the United States is 21 years old. According to the Food and Drug Administration (FDA), tobacco includes cigarettes, smokeless tobacco, hookah



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FORM 7

Parent-Student Agreement

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tobacco, cigars, pipe tobacco, electronic nicotine delivery systems including e-cigarettes (vapes) and e-liquids.

- **Theft or shoplifting**
- **Any other activity that is against U.S. law** or that results in the participant being arrested or charged with a crime.

Neither the Program Organizations nor the Department of State is obligated to provide legal counsel or defray representation expenses or fines of any sort should a participant be charged with any crime or do something that attracts the attention of law enforcement officials. In such cases, the participant is subject to all local, state, and federal laws.

TERMINATION FROM THE PROGRAM

33. I understand that my child may be dismissed from the Program for behavior that the Program Organizations, with the concurrence of the U.S. Department of State, consider inappropriate or detrimental to my child or to the Program. Inappropriate or detrimental behavior may include, but is not limited to, misrepresenting themselves or impersonating someone else to any Program Organization (including prior to coming on the Program), not following the proper chain of communication during the placement process, violating host family or school rules, academic under-performance, or failure to participate in Program activities. Inappropriate sexual behavior, including but not limited to the viewing and/or sharing of sexually explicit material, verbal or physical harassment, and any violation of U.S. law are also grounds for dismissal.

34. I agree that if I violate any provision of this Agreement, or if my child, while in the United States, does any of the following, then it may be determined that my child has voluntarily withdrawn from the Program:

- a. is absent without authorization from the host school or the place of residence designated by the Placement Organization without obtaining the advance written approval of the Program. The Program may determine that the student has left the Program through their own voluntary action. In this case, the Program is absolved from all obligations, legal or otherwise, to the student or their Parents for the student's current or future well-being. The Program will, if the circumstances warrant, work with the student to return to the Program. However, if this cannot be accomplished, a decision will be made that the separation from the Program is final, and the student will receive a letter from the Program sponsor indicating that the student has been reported to the U.S. Department of Homeland Security in the Student and Exchange Visitor Information System (SEVIS) database. The participant's medical insurance and health benefits will be canceled; or
- b. travels without their Placement Organization's authorization; or
- c. has misrepresented themselves in the Program application.

35. If my child voluntarily withdraws or is dismissed from the Program at any time after departure from our country, I understand that their Program status as a J-visa holder and health insurance/benefits coverage will be canceled.

C. NATURAL PARENT DECLARATION AND AGREEMENT

I have discussed the Program and this Agreement with my child, and each of us fully understands the obligations imposed on us. I confirm that all information provided in my child's application materials and this Agreement is truthful. **We understand that any misrepresentation or false answer in this application can be grounds for my child's termination from the Program.**

SIGN **SIGNATURE OF PARENT OR LEGAL GUARDIAN:** _____

DATE: _____ **PRINT NAME:** _____

family name first name middle name

D. STUDENT DECLARATION AND AGREEMENT

I have read this Agreement and discussed with my parent(s) or guardians its terms and conditions. I agree with the purpose of the Program and fully accept all terms and conditions of this Agreement, and all other rules, regulations and conditions set forth concerning the Program. In particular I will do my best to become an integral part of my host family, school and community; will travel only in accordance with the Travel Policies Section of this Agreement; and will attend the school designated for me on a regular basis and complete all work to the best of my ability. I hereby certify that the information provided in all parts of this application is truthful. I understand that any misrepresentation or false answer can be grounds for my dismissal from this Program.

SIGN **SIGNATURE:** _____ **DATE:** _____



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FORM 8 | Photographs

STUDENT NAME:

Last name

First name

Middle name

INSTRUCTIONS

1. Along with your application you must submit 2 photos **taken within the last two years**, showing you with your family or friends. **Make sure your face is fully visible. Photos should be high resolution or have a very clear quality.** Send the photos by email together with your application. Save your photos LastnameFirstname1 and LastnameFirstname2.
2. You must also submit 1 head shot photograph of yourself like the one shown on this form. Please smile! Send the photo by email with your application. Save your photo LastnameFirstnamepp.
3. All photographs are used in the host family placement process and help introduce you to your American family. Photos are not used during the selection process, and they are not used for passports or for any other official documents.
4. The photographs will not be returned to you.
5. You must include all of the required photographs as part of your completed application by the due date shown on FORM 1.



Choose your photos carefully. Smile!

Photo #1:

Describe the photo. Indicate which person is you. How old are you in this photo?

Example: *I am the 2nd person from the left. I am 16 years old.*

Photo #2:

Describe the photo. Indicate which person is you. How old are you in this photo?



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FORM 9 | Privacy Policy Statement

STUDENT NAME:

Last name

First name

Middle name

Privacy Information about candidates and participants of programs is required for American Councils for International Education: ACTR/ACCELS, AFS Intercultural Programs, iEARN, and AMIDEAST (YES program organizations) to administer the programs, to evaluate their quality and effectiveness, as well as to develop new projects.

American Councils firmly adheres to the principle of confidentiality of information received from program candidates and participants and uses the information in accordance with this Privacy Policy Statement. The principles stated herein are binding only on American Councils; other organizations involved in the administration of these programs may adhere to other privacy or similar policies.

1. CONTENT AND MEANS OF COMPILING INFORMATION

Information about program candidates and past and current participants consists of data contained in their applications, information derived from interviews with them, as well as information gathered in the course of the program relating to the administration of the program and academic achievement. This information, in addition to contact information, education, professional experience and information on the place and nature of work, and position of participants may also include other personal information.

American Councils stores this information in written and electronic form. Some information, such as contact information is continually updated so that representatives of YES program organizations can remain in contact with program participants in order to offer supplemental information about new programs and projects as well as to obtain the participants' evaluation of the effectiveness of programs.

2. USE OF INFORMATION

Information, which is compiled as described above, may be:

- Used by qualified selection committees and interviewers to review the candidacy of applicants to the program;
- Supplied to the program's funding organization;
- Submitted to potential host schools, universities, or hosting organizations and/or organizations which provide internship opportunities to arrange placement in an academic, training, or internship program or a host family;
- Used for the evaluation of an individual's participation in the program and adherence to norms and rules established by the program;
- Used for notifying past program participants of upcoming events and about new programs and projects they may participate in;
- Used in the collection of data for program evaluation purposes;
- Provided to funding agencies or organizations contracted by American Councils to conduct program evaluations;
- Provided to participants and alumni of this and other U.S. government-sponsored programs for the purpose of fostering alumni networking;
- Provided to non-commercial organizations for the purposes promoting professional development among program alumni.

Information about individuals—program candidates and participants—may also be used by American Councils, funding agencies, and their representatives for the purpose of statistical and evaluative research of the programs. Information analyzed for these purposes may be published only as aggregate statistical data. Personal data are not subject to publication, except for contact information and information related to the U.S. academic or professional program (such as placement location: school, university, etc., or hosting organization; field of study and research topic), to subsequent involvement in alumni programming (such as participation in events for alumni and the small grant programs) as well as information provided to YES program organizations by the participant or alumnus/na (unless the participant or alumnus/na expressly prohibits publication of said material).

STUDENT
NAME:

Last name

First name

Middle name

City of residence:

Country of residence:



STUDENT SIGNATURE

DATE

I hereby agree to the terms of the collection, use, updating (changing, renewal), cross-border sending and retention (and any and all other uses as stipulated in Forms 1-11) of the personal information in this application, additionally including the processing of special personal information dealing with religious persuasion, health condition, and personal and family life, concerning my son/daughter with the purpose, covered in the Privacy Policy Statement, of using the information for the period of the program, for statistical and evaluation purposes of the program. This agreement can be rescinded by me in writing.

STUDENT'S
PARENT
OR LEGAL
GUARDIAN:

Last name

First name

Middle name



PARENT OR LEGAL GUARDIAN SIGNATURE

DATE



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FORM 10 | Permission for
Care Of My Child

STUDENT NAME:

Last name	First name	Middle name

PERMISSION FOR CARE (statement to be signed by Parent)

Fill out the information in the lines below. Have your parent or legal guardian sign the form.

Student Name:

Last name	First name	Middle name

Student's Date of birth:

DD	MM	YY

Sex: ☐ M ☐ F

My child has my permission to take part in the YES secondary school exchange program. As the applicant's parent or legal guardian, I authorize the respective adult representatives of the Program Organizations and their employees and agents; host families; Program representatives; school representatives; and the U. S. Department of State and its employees, agents, and instrumentalities, to act for me in any emergency, accident, physical or mental illness, or need for immunization. I will not hold these organizations responsible for the results of any treatment in said emergency, accident, physical or mental illness, or need for immunization. I will not hold these organizations responsible for any debts incurred in connection with this permission.

In the event that my child has a recurrence of any previous physical or mental illness or condition contracted before leaving home, I, the undersigned, authorize the program implementer to return my child to my care.

I give permission to the physician selected by the program to order x-rays, routine tests, and physical or mental health treatment related to the health of my child for both routine healthcare and in emergency situations. I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or emergency surgery for my child. I also understand that American Councils will make every effort to contact me in any such case.

I agree that providers who treat my child may release medical or other legal records of my son/daughter in the United States to program representatives, including the U.S. Department of State, American Councils for International Education, the U.S. placement organization, Mobility International USA, and/or the U.S. host family, and may talk to program representatives about my child's physical and mental health status. I give permission to photocopy this form.

Student's Parent or
Legal Guardian's Name:

family name	first name	middle name

Relationship to student
(mother, father, legal guardian):

--



SIGNATURE: _____

DATE: _____



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FORM 11

Participant
Consent and
Release Form

STUDENT NAME:

Last name

First name

Middle name

PARTICIPANT CONSENT & RELEASE FORM

In connection with the Kennedy-Lugar Youth Exchange and Study (YES) program, I hereby authorize the U.S. Department of State and its program implementing partners to photograph, film, or otherwise record and use my image and/or voice in connection with related public information programs and activities.

Additionally, I hereby authorize the U.S. Department of State and its implementing partners to release, publish, or quote such material, including my name, in connection with related public information programs and activities.

With respect to this material, I understand that content may be included in future speeches, on the Internet, and through multiple broadcast channels and print media (which may include use by U.S. Embassies abroad to promote U.S. Department of State exchange programs and public diplomacy efforts) but that such content will not be used for commercial purposes.

I understand that I may decline to give my consent and still continue to participate in all exchange program activities without being disadvantaged with respect to those activities.

As a YES program participant, I grant the above consents and authorizations.

☐ YES ☐ NO

SIGN

PARTICIPANT SIGNATURE

DATE

Printed name:

Last name

First name

Middle name

Email address:

City of residence:

Country of residence:

As the parent or legal guardian of the YES program participant, I grant the above consents and authorizations on behalf of my minor child or ward.

☐ YES ☐ NO

SIGN

PARENT/LEGAL GUARDIAN SIGNATURE

DATE

Printed name:

Last name

First name

Middle name

Email address:



Application INSTRUCTIONS

Carefully read these instructions, and the instructions on each of the forms, before you begin to fill out the application.

- Make a copy of the application before you begin in case you make a mistake.
- You must write your name on the front and back of every form.
- The application must be filled out in English.
- The application must be filled out in black ink.
- Applications not filled out completely will not be considered.
- Any additional materials (such as awards or extra letters) will be discarded.
- On forms that require signatures, do not sign in English. Sign the same way you would sign any other document in your country.
- When you have completed the application make two copies. Return the completed application and one copy (except Form 4) to your YES Program office by the due date indicated on Form 1. Keep one copy for yourself.

Form 1, Application Cover Sheet:

- **Due Date** - The application and one copy must be returned to the YES Program office by this date. Your application will not be considered if received after the due date, even if it is in the mail.
- **Student Information:** If you have more than one **citizenship**, list all of them.
- Answer all yes/no questions under "Questions for Participants", including but not limited to the United States Government **English Access program question** - check the "yes" box if you participated in this program, or the "no" box if you did not.

Form 2, Host Family Letter:

- **Do not include your last name, your relatives' full names, or the name of the city where you live in your letter.**
- You may use a dictionary.
- Use only the page provided. Extra pages will be discarded.

Form 3, Activities and Achievements:

- **Section 1:** List activities you engage in on a regular, organized basis. **Answer truthfully.** Your host family may expect you to participate in these activities in the United States.
- **Section 2:** Describe what you like to do in your free time, aside from any regular, organized activities. **Answer truthfully.** Your host family may expect you to participate in these activities in the United States.
- **Section 4:** If you have never participated in an international exchange program, or lived outside your country, write NONE.

Form 4, Recommendation From Teacher:

- This form should be filled out by a **teacher** who knows you well.
- If you cannot choose a teacher you may ask the school director, or a teacher from a school you have recently attended.
- Do not ask personal or online tutors/teachers to complete this form. Such forms will be disqualified.
- **You must return the recommendation with your completed application by the due date indicated on Form 1.**
- **If your teacher knows English**, give him/her the English Form 4 to complete.
- The form must be signed by the teacher.
- If your teacher fills out the form in English the Translator's Statement on the back is left blank.
- **If your teacher does not know English**, give him/her a native language Form 4 to complete in addition to the English Form 4.
- Native language Form 4 must be translated onto the English Form 4. The translator must complete section 4.9.
- Neither the student nor a member of the student's family may translate Form 4.
- Both the English and the native language version of the form (if the original is not in English) must be returned with the application.

Form 5, Biographical Information:

Student Information

- **Citizenship** - If you are a citizen of more than one country, list all applicable countries.
- **Email** - If you do not have an email address, write NONE.
- **Address** - Write the actual address where you live. Do not translate the address. For example: write *ul. 8 Marta*, not March 8 street.
- **Telephone number of other adult (not a parent) where you can be contacted.** You must provide this information. You may write the telephone number of a relative, older sibling, or a friend, but not a parent.

Family Contact Information

- You **must** include information about both parents. If you have a step-parent or legal guardian, indicate their relation to you and write their information.
- If your parent is no longer alive, write **DECEASED**. If you do not know who or where your parent is, write **UNKNOWN**.

Form 6, Placement Information:

- Answer these questions **truthfully**. This information is only used to find American host families for exchange students and is not used during the selection process.
- If you answer **yes** to points 7, 8, 9, or 10, an explanation **must** be provided.
- **Point 12 and 13: In order to participate in the program, you must agree to honor the laws and restrictions concerning smoking in the U.S. If you do not sign this statement, your application will not be considered.**

Form 7, Parent/Student Agreement:

- The English form must have your signature, the signature of one of your parents or legal guardian, and the date that Form 7 was signed. The English form **must** be included with your application.
- Your parents should keep a copy of this form for their reference.

Form 8, Photographs:

- When you email your application to your YES office, email (2) current photos showing you and your family or friends. Indicate which person is you and your age.
- Make sure your face can be seen in the photo, ideally you are smiling. Photos with less than five people are preferred.
- Photos should not display cigarettes, alcohol, revealing clothing or bare stomachs, or weapons (knives, guns, etc.).
- You must also email one passport type photo with your application. Smile for this photo as well.

Form 9, Privacy Policy Statement:

- You and one parent, or a legal guardian, **must** sign and return this form.

Form 10, Permission for Care of My Child:

- This form allows you to receive emergency medical treatment.
- It **must** be signed by a parent or legal guardian. This form may not be signed by a relative who is not your legal guardian.

Form 11, Participant Consent and Release Form:

- This is your agreement that the U.S. Department of State and its program implementing partners have the right to use media containing your likeness or name.
- Both you and a parent or legal guardian must sign this. Signing this form is NOT optional. Agreeing (yes) to allowing your likeness to be used is optional; if you do not agree, both you and your parent should mark 'No.'