TEMPLE CITY SISTER CITY, INC.
YOUTH EXCHANGE PROGRAM APPLICATION

Student Name _____ Birth Date _____ Sex: Male/Female

Student Cell Phone ( ) _____ Student Email _____

Parent /Guardian Name(s) _____

Parent Cell Phone ( ) _____ Parent Email _____

Address _____

City _____ State _____ Zip Code _____

High School _____Grade Point Average _____

Hobbies, Activities, Interests (School and Community) _____

_____

_____

Previous International Travel Experience _____

_____

Academic or Vocational Goals

_____

_____

Other Information You Feel Is Pertinent _____

_____

_____

_____

On a separate sheet of paper, please respond to the question stated below. Your answer should be no longer than one page, but can be shorter. Please type or print, place your name at the top, and staple your essay to the application.
Both the parent and student must sign the essay.

Why would you like to be chosen for the Temple City Sister City Youth Exchange Program?

Submission Information:
1. Submit your completed application to Temple City Sister City, c/o Temple City, City Hall, 9701 Las Tunas Drive, Temple City, CA 91780, by October 23, 2025.
2. Two letters of recommendation must be attached to the application.

_____ _____
Student Signature Parent Signature