

## **Spokane-Cagli Sister City Student Exchange Application**

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First Name

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Last Name

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Date of Birth

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Home Street Address

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City

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State

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Zip Code

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Grade in Fall 2025

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Home Phone

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Cell Phone

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Email Address

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High School Name

On a separate page, write a 2,000 word essay that answers the following questions:

1. Why are you applying for the Spokane-Cagli student exchange program?
2. Why do you make a good candidate?
3. What do you hope to personally gain from the experience?
4. How will this trip help you achieve your future goals?
5. What useful things will you bring home to share with your peers?
6. What is your most notable achievement?
7. How will this trip be beneficial for both countries?

### **References**

Please provide two (2) references with your application. Reference forms are available on the Chase Youth Commission website. References must be 21 years of age or older and non-family members.

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Signature of Applicant

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Date

Mail completed application and reference forms by March 14, 2025 to:

**Dr. John Caputo  
Spokane-Cagli Sister City Assoc.  
9906 N. Ridgecrest Drive  
Spokane, WA 99208**