



SONGS OF HOPE™

APPLICATION FOR U.S. PARTICIPANTS

YOUR FAMILY INFORMATION

Your Name (first, middle, last):

Your Age on June 20, 2010:

Date of Birth (month/day/year):

Street Address:

City:

State:

Zip:

Home Telephone Number (include area code):

Your E-mail Address, if you have one:

Your Parent(s) or Guardian(s):

(1) Name:

Daytime Telephone (include area code):

E-mail Address:

(2) Name:

Daytime Telephone (include area code):

E-mail Address:

YOUR SCHOOL INFORMATION AND ACTIVITIES

What school do you attend?

What grade will you be in your next school year?

If you have traveled to other countries, where have you traveled?

Do you speak English? Yes No

Do you speak any languages other than English? Yes No If yes, what language(s) do you speak?

Do you play a musical instrument? Yes No If yes, what instrument(s) and for how long have you played?

Have you studied dance, theatre, or singing? Yes No If yes, what, for how long, where, and with whom? Please include the phone numbers of your teachers or schools.

To what clubs or organizations do you belong?

In what sports or other activities do you participate?

INFORMATION ABOUT YOU

What is your favorite thing to do and tell us why it is your favorite thing to do:

During the first three weeks of Songs of Hope™, you would be rehearsing 4-5 hours each day, 6 days per week. How do you feel about this? Do you think you would like it?

On some days during the last three weeks of Songs of Hope™, you might be giving 2-3 performances each day. How do you feel about this? Do you think you would like it?

Why do you want to be part of Songs of Hope™?

Tell us why you would be a good person to be in Songs of Hope™.

Other than speaking different languages, what do you think would be the hardest part of living with kids of different countries, races, and cultures?

If you could visit any country in the world, which one would you choose and why?

How do you think you would feel at the end of Songs of Hope™? What do you think you would have gained from the experience?

Have you ever spent time away from home? If so, for how long?

Is there anything else you would like to tell us about yourself?

YOUR ESSAY

Imagine you are spending one day with a child from another country who has never been to the United States. Where would you take him or her? What would you do and what would you tell her or him about life here in U.S.A? Why?