

# SONGS OF HOPE™

## APPLICATION FOR ALL PARTICIPANTS

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To apply, download this application and save it as a file on a computer, then answer all the questions. After you have answered all the questions, send the completed application to our office as an email attachment to:

[info@soundsofhope.org](mailto:info@soundsofhope.org)

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### YOUR FAMILY INFORMATION

Your Name (in this order: (1) first given, (2) other given, (3) last or family name):

Date of Birth (month/day/year):

Your Mailing Address:

Home Telephone Number (if outside the USA, please include country and city codes):

Your E-mail Address, if you have one:

Your Parent(s) or Guardian(s):

(1) Name of Father (or Guardian):

**DOES THIS PERSON SPEAK ENGLISH?**

Daytime Telephone (if outside the USA, please include country and city codes):

E-mail Address:

(2) Name of Mother (or Guardian):

**DOES THIS PERSON SPEAK ENGLISH?**

Daytime Telephone (if outside the USA, please include country and city codes):

E-mail Address:

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### YOUR SCHOOL INFORMATION AND ACTIVITIES

What school do you attend?

In what grade will you be in your next school year?

If you are applying from another country, will this be your first trip to the United States?

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

What is your native language?

Do you speak any other languages? 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, where, and for how long.

To what clubs or organizations do you belong?

In what sports or other activities do you participate?

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## 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 part of 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 are applying from another country, what interests you most about coming to the United States?

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

Is there anything that would worry you about this trip? Please tell us about it.

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?

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

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## **YOUR ESSAY**

**Pretend you have a visitor from another country who has come to your home. Your guest asks you about your country. Honestly describe your country to your guest:**

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