

GISYE Application Form

Name _____
(Last) (First) (Middle)

Address _____
Street Number City State Zip code

Telephone _____ Age _____ Date of Birth _____

Email Address _____

Health (circle) Good Fair Poor Physical Handicap

Religion _____

Name and address of clergyman _____

Member of _____ Grange No. _____

Date of Joining - _____ Degree(s) Held _____

Present offices and committees assignments held in the Grange: _____

Past offices and committee assignments _____

Membership in organizations other than Grange _____

Offices Held, honors received, projects: _____

Hobbies: _____

Education: Year in School _____ Course of Study _____

Future Plans _____

Does your home have: Electricity (circle) Yes No

Plumbing (circle) Yes No Bathroom (circle) Yes No

Have you participated in the exchange before (circle) Yes No

We would like to participate in the GISYE program because _____

Other family members living in the household: _____

Have both parents completed a Safe Gatherings background check? _____

Have all family members, over the age of 18, completed a Safe Gatherings background check? _____

Father/Legal Guardian #1 Signature

Mother/Legal Guardian #2 Signature

References:

References need to be someone outside the Grange and outside the family unit.

We are pleased to serve as character references for the members of the applying family, and have no hesitation in recommending them as hosts for a young visitor from another state for several weeks.

Reference 1

Date _____ Printed Name: _____

Signature _____

Email: _____ Telephone _____

Reference 2

Date _____ Printed Name: _____

Signature _____

Email: _____ Telephone _____

To be completed by Subordinate Grange to which applicant belongs.

Our Grange, after personal investigation by the undersigned, recommends this applicant and family for participation in the Grange Inter-State Youth Exchange Program. We Understand that we will be a host to an incoming exchange.

Grange Name _____ Grange No. _____

President _____ Telephone _____

Email _____

Youth Chairman _____ Telephone _____

Email _____

Mail this form before April 15 to your State Grange Youth Director. It is the responsibility of the State Directors to investigate all applications and forward their comments to the National Grange Office before May 1.

To be completed by State Youth Director after receiving it from the applicant.

I, after personal investigation by the undersigned, recommend this applicant and family for participation in the Grange Inter-State Youth Exchange Program.

State Youth Director Signature _____

State Youth Director Printed Name _____

Comments:

The National Grange reserves the right to accept or reject any or all applications.