

2026 States' 4-H Outbound Program Application

PROGRAM DEADLINE: December 15, 2025 at 11:59 PM(Midnight)

Outbound Program Selection

Outbound Program Selection

In the below questions, please indicate your top 3 choices for Outbound Program travel. A list of available program options [can be found here](#).

What is your #1 Outbound Program choice? *

- ☐ Argentina Program
- ☐ Costa Rica Program
- ☐ Japan 4-Week Program
- ☐ Japan 8-Week Program
- ☐ South Korea Program
- ☐ Taiwan

What is your #2 Outbound Program choice? *

- ☐ Argentina Program
- ☐ Costa Rica Program
- ☐ Japan 4-Week Program
- ☐ Japan 8-Week Program
- ☐ South Korea Program
- ☐ Taiwan
- ☐ None

If you are ONLY interested in your first program choice, please choose "None" for this question

What is your #3 Outbound Program choice? *

- ☐ Argentina Program
- ☐ Costa Rica Program
- ☐ Japan 4-Week Program
- ☐ Japan 8-Week Program
- ☐ South Korea Program
- ☐ Taiwan
- ☐ None

If you are ONLY interested in your first or second program choice, please choose "None" for this question

IF you chose a Japan Program, please indicate the hosting organization that you prefer:

Note: For the 8-Week Program, Labo is the *only* hosting organization for the Nihongo language component.

*

- ☐ I did not choose a Japan Program
- ☐ Labo
- ☐ LEX
- ☐ No Preference

Personal Information

Youth Applicant Information

Please print your name *exactly* as it is listed in your passport. Failure to correctly indicate full name as listed in passport may result in ticket change fees incurred by the applicant. If you do not have a passport, please apply with the name as written below.

First Name *

Please fill out the youth applicant name

Middle Name *

Last Name *

Gender: *

Name you prefer to be called: *

Birth Date: *

☐ Clear

Age (at time of travel) *

T-Shirt Size (adult) *

Mailing Address: *

City: *

State: *

Zip Code: *

Home Phone: *

Applicant Cell Phone: *

Applicant Email: *

How did you find out about this experience?

Parent/Guardian #1 Information

Guardian Name: *

Relationship to Applicant: *

Cell Phone: *

Home Phone: *

Email (please list an email that is used regularly. We will use this email to send all relevant program information including the program notification and program payment invoices): *

Occupation: *

Parent/Guardian #2 Information

Guardian Name:

Relationship to Applicant:

Cell Phone:

Home Phone:

Email:

Occupation:

Emergency Contact Information

Emergency Contact Name *

Relationship to Applicant *

Phone Number *

Email: *

Health & Allergy Information

Allergies

Please fill out this section with any/all applicable allergy conditions. Follow up questions may be asked depending on the severity of the allergy. Attach an additional page, if necessary.

Allergies: Please list all food and non-food allergies and indicate their severity, any reactions, and medication for each.

Do you have any allergies? *

- ☐ No
☐ Yes

For EACH Allergy, please list the following information in the text box below:

1. Type of Allergy
2. Severity of Allergy (1 mild -- 5 severe)
3. Allergic Reaction(s)
4. Medication (name and dosage)
5. Any Additional Info

*Note: If you do not have any allergies, please just type "N/A" in the box below.**

Depending on the program you are interested in attending (your top choice), please fill out and upload the attached [Medical Form for Japan programs](#) or the [Medical Form for ARG, CR, KOR, and TWN programs](#). *

Select File

Choose File

No file selected

Maximum File Size: 5MB

No file attached

Health Concerns

Please fill out this section with any/all applicable health concerns. Please list both physical and mental conditions, both mild and severe.

Please be comprehensive and include any details about diagnosed mental illnesses or conditions that may affect your time on program (clinical depression, ADHD, ADD, generalized anxiety disorder, OCD, etc.). This information is extremely important in order for us to best support applicants during the program.

Health Concerns: Please list any conditions/illnesses, associated medication, and additional information that the host family should be aware of.

Do you have any health or medical conditions? *

☐ No

☐ Yes

For EACH health or medical condition, please list the following information in the text box below:

1. Condition/Illness
2. Medication & Dosage
3. Additional Information for Host Family

Note: If you do not have any health issues, please just type "N/A" in the box below.

*

Please attach an additional page, if necessary.

Select File

Choose File

No file selected

Maximum File Size: 5MB

No file attached

Are there any recent injuries that we should be aware of? If yes, provide brief description.

Are there any physical activities that you are restricted from participating in? If yes, provide a brief description.

Do you have ADHD, Dyslexia, or learning disabilities? If so, please describe the signs, symptoms, medicine, and diagnosis. How is it managed? How can the host family and chaperone help handle these symptoms while overseas?

Do you have mental health, anger, or anxiety issues? How are they managed? How can the host family and chaperone help handle these symptoms while overseas?

Host Family Matching

Introduction to Host Family

What type of host family are you comfortable with? *

- ☐ Must be a non-smoking family ONLY
- ☐ It is acceptable if a family member smokes OUTSIDE
- ☐ A smoking family is acceptable

All programs EXCEPT Argentina will feature a host family stay as a primary feature of the program. We ask that applicants for Argentina still complete this section, as most applicants will also rank other exchange programs.

Are you comfortable with placement in a home that has pets and/or other animals? *

- ☐ No
- ☐ Yes

Please list any pets or animals that you can NOT be placed with:

Please list any dietary accommodations that you will need during your homestay *please note that in some countries it is very hard to accommodate for dietary restrictions*):

- ☐ Dairy Free
- ☐ Gluten Free
- ☐ Halal
- ☐ Kosher
- ☐ Soy Free
- ☐ Vegan
- ☐ Vegetarian
- ☐ Other

Please list any other special dietary needs or accommodations :

What are your interests and hobbies? (please check all that apply) *

- ☐ Animals
- ☐ Computers/Video Games
- ☐ Dancing
- ☐ Handicrafts
- ☐ Hiking/Camping
- ☐ Music
- ☐ Nature/Outdoors
- ☐ Reading & Writing
- ☐ Singing
- ☐ Soccer
- ☐ Sports
- ☐ Studying
- ☐ TV/Movies
- ☐ Other

Do you play an instrument? If so, please list the instrument and years played. If not, just type "N/A". *

Please list any other interests you have:

What are your personality characteristics? (Please check all that apply) *

- ☐ Curious
- ☐ Open-Minded
- ☐ Outgoing
- ☐ Serious/Diligent
- ☐ Shy
- ☐ Sociable
- ☐ Talkative
- ☐ Tidy
- ☐ Other

Please list any other personality characteristics you'd like to add:

Host Family Request

Are you requesting to be matched with a specific host family in your country of travel? *(Please note that we cannot guarantee the preferred host family will be available) **

- ☐ Yes
☐ No

Host Family Match Request #1: If you ARE requesting a host family match, please provide the following information in the text box below. Otherwise, please skip this question.

1. Family Name
2. First Name
3. Organization (Labo, LEX, Korea 4H, etc..)
4. Address
5. Phone Number
6. Email

Host Family Match Request #2: If you are requesting a second host family match, please provide the following information in the text box below. Otherwise, please skip this question.

1. Family Name
2. First Name
3. Organization (Labo, LEX, Korea 4H, etc...)
4. Address
5. Phone Number
6. Email

The second host family preference will be used if the first host family is not available. For the Japan 8-Week program, it is possible to be placed for one month with your first choice host family, and one month with your second choice host family.

Context: In some cases, our partner organizations may need to place two U.S. delegates with a single host family.

Question: Would you be willing to be placed with another U.S. delegate with a single international host family? *

- ☐ Yes
- ☐ No
- ☐ Maybe

Additional Information

Travel Information

Have you flown domestically before? *

- ☐ No
- ☐ Yes

Have you flown internationally before? *

- ☐ No
- ☐ Yes

Please list any international travel experience that you have in the following format:

Country:

Length of Stay:

Reason for Trip:

Year of Travel:

--

Hosting Experience

Have you hosted an international exchange student before? *

☐ Yes

☐ No

If Yes, please list the years that you hosted, and through which organization (if multiple, please list all).

Are you interested in hosting next year? *

☐ Yes

☐ No

☐ Maybe

Local Info

Are you a member of 4-H in your state? *

☐ No

☐ Yes

What is your current school? (If homeschooled, write 'Homeschool') *

What is your last day of school for 2025-26? (If you don't know exactly, please estimate) *

☐ Clear

What is your first day of school for 2026-27? (If you don't know exactly, please estimate). *

☐ Clear

Foreign Language Knowledge

Please describe any foreign language knowledge that you have, including years studied and your language competency (on a scale of 1-5) for Reading, Writing, Speaking, and Comprehension, with 1 being beginner and 5 being advanced/fluent.

Demographic Information (Optional)

States' 4-H does not discriminate on the basis of race or ethnicity. In order to track the effectiveness of our recruitment outreach, please consider the following optional question. Please note that your answers will be kept strictly confidential and will only be used in aggregate.

How do you identify yourself?

- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic, Latino, Latinx
- ☐ Native Hawaiian or Pacific Island
- ☐ White

Additional Identities:

Long Responses

Essay Questions

Please write 2-3 paragraphs for each of the following questions. It is recommended that you first type your responses in a separate Word document, and then copy/paste them into the below text field.

If the top part of the application has been filled out by the parent or guardian, the long and short responses should be filled out by the participant in their own words.

Why are you interested in participating in this exchange? What specific aspects of the country's culture are you most interested in learning more about? *

What does being an engaged, globally conscious person mean to you? *

Short Answer Questions

Please answer the following questions in the provided space provided using 3-5 sentences for each question. You may wish to first write your answers in a separate document and then copy/paste into the application.

This exchange is a cultural immersion program. All host countries will have differences from your home, community, county, and state. What experiences do you have interacting with people from a different background? Please share an example of the interaction, how you reacted, and what you learned. *

What kinds of situations take you out of your comfort zone? How do you cope when feeling uncomfortable?
In what ways do you communicate your discomfort? *

Are you raising money to participate in this program? If so, how? *

Scenario: It has been 2 weeks since you arrived. Up until now, your Host Family has been doing many activities with you. However, your host family has now become busier with work and school projects, and you have no internet access (email, social media, phone, etc...). Please share 3-4 specific ideas on how you would spend your down time. *

In what ways will you share your experience once you return to the United States? How will you remain involved in cross-cultural opportunities once you come back to your home community? *

Letter to Host Family

Please write a letter to your Host Family introducing yourself, your family, and your interests. Describe the activities you would like to do together during the homestay. This letter will be shared with your Host Family should you be accepted into the program. It is recommended to copy/paste your letter from a Word document. *

Supplemental Documents

Photo Uploads

Please upload at least 3 COLOR photos of you and your family, including **one** headshot. You can choose to upload them all as one file, or separately:

Photo Upload #1: *

Select File

Choose File

No file selected

Maximum File Size: 5MB

No file attached

Photo Upload #2:

Select File

Choose File

No file selected

Maximum File Size: 5MB

No file attached

Photo Upload #3:

Select File

Choose File

No file selected

Maximum File Size: 5MB

No file attached

For your family photo, indicate family members in the photo using the text box below. *

Passport Upload

Do you have a current passport? In order to be current, passports MUST be valid for six months after the intended departure date. *

- ☐ Yes
☐ No

If you have a current passport, please upload a color photo or scan of the information pages (p. 2 - 3).

Select File

Choose File

No file selected

Maximum File Size: 5MB

No file attached

Reference Forms

Reference Form Instructions: Please download and send the attached reference form file to **TWO** different individuals. They will then complete the form and send it back to your State Coordinator. Your [State Coordinator contact can be found here](#)

4-H Members are required to name at least one 4-H Staff Member and one school representative. Non 4-H members must name one school representative and one other adult non-family member.

[Reference Form PDF](#)

[Reference Form Word Doc](#)

Reference #1 Name: *

Reference #1 Email: *

Reference #1 Relation to Applicant: *

Reference #2 Name: *

Reference #2 Email: *

Reference #2 Relation to Applicant: *

Additional Documents

OPTIONAL: Global Citizen Scholarship Application

States' 4-H offers a limited number of scholarships for the 2026 Outbound Program. Each scholarship is in the amount of \$500.

Please note that this is optional. You do not need to apply for a scholarship.

To Apply: Download the [attached scholarship application form](#), complete the required questions, and re-upload your completed form below.

Select File

Choose File

No file selected

Maximum File Size: 5MB

No file attached

SUPPLEMENTAL DOCUMENTS: Add any supplemental documents that your state requires below (if applicable).

Select File

Choose File

No file selected

Maximum File Size: 5MB

No file attached

Signature Page

This is the most important part of the online application. In order to submit your application, you must complete the following steps:

#1: Carefully read the attached [Terms and Conditions](#) document and upload a signed copy.

#2: Upload a signed copy of the [Comprehensive Release Form](#).

Both the Terms and Conditions document and the comprehensive release form **MUST** be signed by both the applicant and their parents/guardians.

Please review and sign the States' 4-H [Terms and Conditions](#). By signing the Terms and Conditions form, you are agreeing to abide by the States' 4-H Terms and Conditions. *

Select File

Choose File

No file selected

Maximum File Size: 5MB

No file attached

Please upload a signed copy of the Comprehensive Release Form. Please note that this form **MUST** be signed by both the applicant AND their parents/guardians for the application to be considered complete.

[Comprehensive Release Form PDF](#) *

Select File

Choose File

No file selected

Maximum File Size: 5MB

No file attached

Remember you are able to save and return to your application if you cannot upload this document at this time.

