

VISION  
FOR AND FROM  
CHILDREN



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SUBMIT COMPLETED APPLICATION TO: [diplomat@visionforandfromchildren.org](mailto:diplomat@visionforandfromchildren.org)

APPLICANT'S NAME: \_\_\_\_\_

NAME OF PARENT/GUARDIAN: \_\_\_\_\_

APPLICANT'S DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_  
DAY MONTH YEAR

PARENT/GUARDIAN CONTACT INFORMATION:

APPLICANT'S HOME ADDRESS:

EMAIL ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
STREET

TELEPHONE NUMBER: \_\_\_\_\_  
HOME

\_\_\_\_\_  
CITY STATE/PROVINCE POSTAL CODE COUNTRY

\_\_\_\_\_  
MOBILE

NAME OF SCHOOL: \_\_\_\_\_

HEAD OF SCHOOL: \_\_\_\_\_  
NAME

\_\_\_\_\_  
TELEPHONE NUMBER

CURRENT GRADE (K-12): \_\_\_\_\_

PLEASE LIST/DESCRIBE ANY EXTRACURRICULAR INTERESTS/ACTIVITIES:

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PLEASE ANSWER EACH OF THE QUESTIONS BELOW.  
YOU MAY USE THE SPACE PROVIDED OR ATTACH ADDITIONAL PAGES IF NECESSARY.

WHY SHOULD YOU BE SELECTED TO BE A DIPLOMAT?

DESCRIBE A FUNDRAISING PROJECT THAT YOU WOULD INITIATE IN YOUR COMMUNITY.

IF YOU COULD HAVE LUNCH WITH ANY PERSON IN THE WORLD, WHOM WOULD IT BE AND WHY?