

GAPP EXCHANGE 2018 – THE GERMAN EXPERIENCE

Your High School: _____

US State: _____

German Partner School: _____

Dates of your stay in Germany: From: _____ To: _____
mm/dd/yy mm/dd/yy

Number of days you spend at your partner school or with school related activities: _____

Please give us a **rough** outline of your schedule.

Keep in mind that 10 days of school related activities are requested to be eligible for funding. Thank you!

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date:	Date:	Date:	Date:	Date:	Date:	Date:
Date:	Date:	Date:	Date:	Date:	Date:	Date:
Date:	Date:	Date:	Date:	Date:	Date:	Date:
Date:	Date:	Date:	Date:	Date:	Date:	Date:

Please provide the title and a short description of the topic you have chosen for your exchange: