Welcome dear friend!

Thank you for your interest to participate in "Ari Tun" program. By visiting Armenia and taking part in "Ari Tun" program you will have a chance to get acquainted with the sights, history and culture of your motherland, live in an Armenian family for 9 days and get new friends.

You will get an opportunity to take Armenian language courses and participate in "Ari Tun" camp, where you can have a four-day rest and learn national songs and dances.

Armenian families will be happy to host you.

Though this program you get a chance see your Homeland, its picturesque nature and learn more about your Armenian roots.

Terms of participation in "Ari Tun" Program

- 1. A participant (a guest) should
- be 13-18 years old,
- not have participated in the program before,
- be able to cover round-trip travel expenses,
- submit a filled in application with a photo attached to the upper right corner of page, and a copy of the passport,
- submit a health certificate (signed and sealed by a doctor).

2. Terms of submission of the application form and the required documents

You can upload the application form at www.mindiaspora.am or www.aritun.am websites, attach your photo, fill it in and sign.

The application form and a copy of the passport should be submitted to the community institution (educational, cultural, church, public...etc.) in the territory of your residence, or to the Ministry of Diaspora via postal service, fax or E-mail in a scanned version (europedep@yahoo.fr, aritun.mindiaspora@gmail.com).

The deadline for the applications' submission is at least 20 days before the beginning of each stage of the program.

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1.Name							
						701	
2.Family name						Photo	
	Г Т					_ i;	
3.Date of Birth	1	.1					
4.Gender feminine	day mascul	month line	1		year		
5.Birthpalce							
	country				cit	y	
6.Country of Residence			Citizensl	hip			
7.Current Address							
7. Current Address	city/villag	ge	stree	t name		apt. number	
8.Home phone number	or the phon	e l					
number of a parent	01 010 P101						
		country	code	city co	ode	number	
9.Mobile Phone Number							
	cour	ntry code	code c	of an oper	rator	number	
10.E-mail							
11.Father Name, family name							
Traine, raining frame						occupation	
12.Mother							
Name, family name						occupation	
13.The institution you are stu	ıdying or work	ing, your s	tatus.			occupation	
•							
14.Do you know Armenian?							
Yes No Partially							
15.Have you ever been to Armenia?							
Yes No							
16. Please, specify the time period of your previous visit and its aim.							

Name	e, family name	Address (street name, building number, apt. number)	Phone number
Please, s _]	pecify your p	referred time period of participation (you o	an specify more than one time p
	1 Ju	ne 12 – June 25	
	2 Ju	ne 19 – July 2	
	3 Ju	ly 3 – July 16	
	4 Ju	ly 10 – July 23	
	5 Ju	ly 17– July 30	
	6 Ju	ly 31 – August 13	
	7 A	ugust 7 – August 20	
	8 A	ugust 14 – August 27	
		family for the first 9 days of the program or your relative's place, please write his/her n	
Na	me, surname	Address (street, building, apartment)	Phone number
		n the camping part of the program during t	ika last farm Jame?

of the program and the host families, such as any special conditions for medical care or a special nutrition

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needed, or any restrictions (e.g. allergy):

17.Do you have relatives in Armenia?

Signature	Date

americamindiaspora@yahoo.com