



## SPANISH LANGUAGE AND CULTURE ASSISTANTS FROM SPAIN U.S.

### APPLICATION FORM / AGREEMENT 2024-2025

*Please email completed and signed form to: [auxiliaresesp.usa@educacion.gob.es](mailto:auxiliaresesp.usa@educacion.gob.es)  
by **March 17th, 2024.***

#### 1. SCHOOL / SPANISH RESOURCE CENTER (SRC) INFORMATION

##### I. School / Resource Center

<b>Name of school:</b>	<b>or Name of university with SRC:</b>
<b>City / State:</b>	<b>City / State:</b>

Is the school part of our ISA network?    Yes     No

School district (if applicable):

Address:

City:     State:

Zip Code:     Telephone:

E-mail:

Name of School Principal (if applicable):

Telephone:

E-mail:

Number of teachers:

Number of students:

Levels of Spanish being taught:

Number of Spanish language teachers:

Number of students taking Spanish:

Average number of students in Spanish classes:

- Would you agree to sharing the Language Assistant with another school? Yes  No
- Would the assistant assigned to this institution need a driver's license? Yes  No
- Please provide additional information about your institution in order to help us assign the best candidate for you.

## 2. MENTOR / REPRESENTATIVE INFORMATION

I. Name of mentor:

Title/position:

Department:

Telephone:

E-mail:

II. Will this person pick up the assistant when he/she first arrives in the country? Yes  No

If not, please provide the name of another person willing to welcome the assistant on arrival:

### 3. ACCOMMODATION AND MEALS

I. What accommodation arrangements will be offered?

Choose the option that applies:

**Please note that for the following options an address should be indicated and for option C a contact person is also required.**

- A)  Room in a furnished apartment. (Please write the address and describe the apartment utilities)
- B)  University dorm. (Please write the address and describe the dorm facilities)
- C)  Private bedroom with a host family. (Please write the address and contact name of the host family and add any other relevant information). To avoid problems caused by last-minute cancellations in this regard, a minimum of two host families is required. Please provide full details of all the families.

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- D)  Payment of a monthly amount. If meals are provided, \$1200. If only accommodation is provided, \$1500.

II. Please indicate who will provide the following meals.

	School	Host Family	Other, specify
Breakfast			
Lunch			
Dinner			

#### 4. TRANSPORTATION

For the assistants to be able to make the most of their stay, both professionally and socially, it is important that they have easy access to public transportation or their own means of transport. What arrangements will be made to provide free transportation to and from school for the assistant? Choose the option that applies:

- A)  Monthly transportation allowance for the assistant: \$  month.
- B)  Provide bus and subway fare on monthly basis.
- C)  Provide the use of a car, reimburse the assistant for gas expenses incurred while driving to and from school, \$  per month, and cover the cost of insurance and repairs. Please give additional information, if needed:
- D)  Others (please describe):

#### 5. ASSISTANT'S DUTIES

I. Please write a detailed description of what you expect the assistant to do and their schedule, bearing in mind that assistants should never be left alone in a classroom and their total scheduled time must not exceed 20 hours per week.

II. What grades will the assistant be assigned to?

III. What resources will be available for the assistant to use at your teaching institution?

- Computer.
- E-mail account.

Photocopier access.

Others (specify).

## 6. PARTICIPATION IN THE PROGRAM

I. How do you plan to integrate the Spanish language and culture assistant in the language classes and activities at your teaching institution?

II. What interdisciplinary activities, if any, take place among teachers?

III. What other languages are taught at your teaching institution?

IV. Why is the school/university with Spanish Resource Center interested in participating in this program?

## 7. AGREEMENT CONDITIONS

I will host a Spanish language and culture assistant for the assigned period of September through April. I have read the guidelines for the Spanish Culture and Language Assistants and accept the responsibilities as host institution including:

- Providing appropriate housing, meals and transportation to and from the school for the assistant, bearing in mind their age and personal profile and the distance to the teaching institution.

- Providing the assistant with a letter of invitation.
- Informing the assistant about the accommodation arrangements prior to their arrival.
- Informing the assistant about the school, school district/university and local community prior to their arrival.
- Planning the schedule for the assistant in accordance with the program guidelines (a maximum of 20 hours per week).
- Making the necessary arrangements to welcome the assistant at the airport when they first arrive.
- Appointing a designated person to guide and advise the assistant in the basic procedures to adjust and settle in the new environment by providing general information about the area (opening a bank account, getting their SSN, etc.)
- Appointing a mentor at school.
- Preparing, in cooperation with the advisor and the assistant, progress and final reports of the assistant's activities and providing them with a letter of recommendation, if warranted, at the end of the school year specifying the dates they have been at your teaching institution.
- Informing the Education Advisor in my area of the accommodation, transportation and schedule arrangements made for the assistant.

**If the provisions described in this application need to be changed due to unforeseen circumstances, the Spanish Education Advisor that services your state should be notified immediately.**

## 8. ACCEPTANCE OF PROGRAM CONDITIONS

I,  (please write your full name here) have read the information contained in the *Guidelines* and in this *Application Form*. I understand and accept the conditions of the Spanish Language and Culture Assistants Program and I confirm the acceptance of this agreement.

Name of person submitting this application:

Title:

Date:

Signature:

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**Please print a copy of this agreement for your records**

The Education Advisor that services your state will notify you as soon as a decision has been made regarding your application.