



ΓΕΝΙΚΟ ΠΡΟΞΕΝΕΙΟ ΚΥΠΡΙΑΚΗΣ ΔΗΜΟΚΡΑΤΙΑΣ  
CONSULATE GENERAL OF THE REPUBLIC OF CYPRUS  
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## Δελτίο Τύπου

### Φιλοξενία Κυπριοπαίδων από την Αμερική και τον Καναδά στην Κύπρο (Ιούλιος 2011)

Πληροφορείσθε ότι το φετινό Πρόγραμμα Φιλοξενίας θα πραγματοποιηθεί μεταξύ 7-17 Ιουλίου 2011.

Το Πρόγραμμα Φιλοξενίας διοργανώνεται από την Κυπριακή Ομοσπονδία Αμερικής σε συνεργασία με το Γενικό Προξενείο της Κυπριακής Δημοκρατίας στη Νέα Υόρκη, και σε αυτό δύνανται να συμμετάσχουν παιδιά αποδήμων Κυπρίων ηλικίας 12-16 ετών.

Η ομάδα των παιδιών θα διαμένει σε ξενοδοχείο στη Λευκωσία, ενώ θα έχει την ευκαιρία να επισκεφθεί ιστορικούς και αρχαιολογικούς χώρους, εκκλησίες, μοναστήρια και ιστορικά μνημεία σε διάφορες πόλεις της ελεύθερης Κύπρου.

Τα παιδιά θα γίνουν επίσης δεκτά από τον Πρόεδρο της Κυπριακής Δημοκρατίας, κ. Δημήτρη Χριστόφια.

Το Πρόγραμμα φιλοξενίας αποτελεί την συνδετική γέφυρα της Νέας Γενεάς των Αποδήμων Κυπρίων της Αμερικής με τη γενέτειρα των γονιών, παππούδων και γιαγιάδων τους, προσφέροντας έτσι μια εξαιρετική ευκαιρία γνωριμίας, αλλά και ταύτισης των παιδιών, με την πλούσια ιστορία, τον Ελληνικό Πολιτισμό και την Λαϊκή παράδοση της Κύπρου.

**Η τελευταία μέρα υποβολής αιτήσεων είναι April 27<sup>th</sup>, 2011.**

**Για περισσότερες πληροφορίες:**

**Κυπριακή Ομοσπονδία Αμερικής  
κα. Δέσποινα Αξιοτάκη  
Τηλ: (201) 444-8237**

## **THE CYPRUS FEDERATION OF AMERICA, INC.**

Dear Parent/Guardian:

We invite your child to participate in The Hospitality Program which is a Cyprus Government sponsored Program for children 12-16 years of age.

While the child is on the program and in Cyprus, all expenses will be paid by the Cyprus Government. The airfare is the responsibility of the child's family. The children will receive a subsidy from the Cyprus Government for expenses. The dates for the trip for 2011 are: July 7 – 17 departing from JFK Airport and returning at JFK on July 17th.

Please be sure to fill out the application completely and accurately. Upon approval of your child's application, we will call you to make the necessary flight arrangements. If your child will be traveling prior to the departure date, please let us know so that arrangements can be made for them to join the group in Cyprus. Kinisis Travel will require a \$250 non-refundable deposit. The approximate cost for the round trip airfare is between \$1,230 and \$1,300.

The deadline for applications is Tuesday, April 12<sup>th</sup> 2011. If applications are not received by deadline date, applications will be rejected. We will call you at the beginning of May to let you know if your child has been accepted on the Hospitality Trip.

Kindly send your applications either to Despina Axiotakis, CFA General Secretary, either via email: [cyprusfederation@aol.com](mailto:cyprusfederation@aol.com) or FAX TO: 201-444-0445 or the Cyprus Consulate offices at, 13 East 40<sup>th</sup> Street, New York, NY 10013.

Thank you.

Despina Axiotakis  
General Secretary  
Cyprus Federation of America  
201-444-8237

## Regulations

1. Parents, or at least one parent must be of Greek/Cypriot descent. **(Consideration will be given to non-Greek/Cypriot children).**
2. Children must be born abroad, or must have left at a young age and preferably visiting Cyprus for the first time
3. Children must be of ages 12 through 16
4. Preferably, one child will be selected from each family
5. Children who have participated in the Hospitality Program previously will not be accepted
6. During the Hospitality Trip, children must stay at designated places
7. Following the hospitality trip, children may stay with relatives or friends as authorized by parents and provided that parents assume such responsibility
8. Parents must notify the educator/escort in charge of the hospitality trip of the name of the person who will deliver or receive child prior to the departure from New York
9. During the entire hospitality trip, children will be escorted by educator/chaperone
10. Children must obey all rules and express any problems or grievances directly to the escort. If children do not obey rules, they will be expelled from the trip.
11. Children must deliver to the escort sums of money (allowance) for the purpose of avoiding losses, unnecessary waste and purchases
12. Upon arrival at the Cyprus airport, children will be received and escorted by representatives of the Service for Overseas Cypriots of the Ministry of Foreign Affairs of Cyprus
13. **Responsibility for any children who choose to remain in Cyprus or travel to other destinations upon conclusion of the hospitality trip, shall remain with the parents, relatives or friends. The same applies for receiving children before the departure date and beginning of hospitality trip**
14. Participating children shall be selected by a special committee consisting of a representative of the Consulate General of Cyprus and by two representatives of the Cyprus Federation of America. The selection process will start following application submitted by the child's parents, to the above Committee.
15. The dates and duration of the Hospitality trip will be made public and shall be announced through the press
16. The amount of subsidy will be announced by the Selection Committee
17. Notification regarding acceptance or non-acceptance of submitted application shall be made timely. The Hospitality Trip includes a) a subsidy of airfare; b) 10-day hospitality in locations of the Ministry of Education of Cyprus and OELMEK (sightseeing and touring, picnics, visits to museums and archeological sites; d) books and small value gifts; e) airfare for escort; f) Hospitality trip will take place during the summer months. At the conclusion of their trip, children will be asked to submit a written report on their trip and submit to the selection committee.
18. Which Cypriot organization do parents belong to?

**APPLICATION FOR PARTICIPATION TO HOSPITALITY PROGRAM  
FOR CHILDREN FROM FAMILIES OF OVERSEAS CYPRIOTS SUMMER 2010**

Child's first and last Name \_\_\_\_\_

Gender: Male/Female \_\_\_\_\_ Date of Birth \_\_\_\_\_

Place of birth: \_\_\_\_\_

**(Please attach copy of birth certificate)**

**Father's first and last name** \_\_\_\_\_

Residence Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Residence Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business \_\_\_\_\_

Tel: \_\_\_\_\_ Fax \_\_\_\_\_

Business Address: \_\_\_\_\_

**Mother's first and last name** \_\_\_\_\_

Residence Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Residence Telephone Number \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Tel: \_\_\_\_\_ Fax \_\_\_\_\_

Business Address: \_\_\_\_\_

**Is the  mother  father of Cypriot origin? Please check**

**Parents are members of which Cypriot Organization?** \_\_\_\_\_

Child's School \_\_\_\_\_ Grade \_\_\_\_\_

Have you ever participated at this Hospitality Trip?      YES      NO

If yes, please state when: \_\_\_\_\_

**Conduct: (It is very important to attach certification from school regarding the child's conduct)**

Please provide the full name, address, telephone number and relationship of individual in Cyprus with whom we can contact in case of emergency (**PLEASE PRINT**)

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number (in Cyprus) \_\_\_\_\_

**DECLARATION**

I, the undersigned (full name, address and telephone number)

.....  
.....  
.....

father/mother/legal guardian of (child's name).....

Declare that I grant permission to my child (date of birth).....To participate at the Hospitality Trip for children of families of Overseas Cypriots scheduled to take place in Cyprus during the summer of 2011

Dates of trip are scheduled for Wednesday, July 7th departure from JFK Airport and returning on Sunday, July 17th at JFK Airport

I responsibly declare that my child does not have any health problems and is able to participate at this program. (**Please attach relevant medical certificate from your pediatrician**).

Please write below whether your child is on medication & name of meds:

.....  
.....  
.....

**Required:** Name of Medical Insurance \_\_\_\_\_

Policy Number \_\_\_\_\_ Insured's name \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_