



ROTARY YOUTH LEADERSHIP AWARDS
STUDENT APPLICATION
May 15 – 17, 2009

Application Process

1. Please attach a typewritten essay of at least one and not more than two double-spaced pages that describes:
 - a. Your most rewarding leadership experience and the role you played in making it a success
 - b. A leadership experience that didn't go the way you expected and what you learned from it
 - c. A situation that frustrates you and your top three ideas for improving it
2. Applicants must **complete all items** listed on **both sides** of the Student Application Form
3. **Both** the student and parent / guardian must **sign the form**
4. Return the application to the **Local Rotary Club** RYLA representative **before March 30, 2009**
5. **A \$20 application fee** made out to the sponsoring Rotary Club must be submitted with the application. This fee will be refunded to any applicant who is not selected to participate in this program. The sponsoring Rotary Club will cover all other program fees for selected applicants.

TO BE COMPLETED BY STUDENT

(Please PRINT and complete both sides)

Sponsoring Rotary Club _____

Name _____

School _____

Street _____

Home # _____

City/Zip _____

Email _____

Age _____

Sex _____

T-shirt Size: M L XL XXL

The RYLA program takes place at **Camp Rotary**, 372 Ipswich Road in Boxford, MA. The program starts promptly at **4pm on Friday** and ends promptly at **4pm on Sunday**. I understand that the effectiveness of this program for myself and the other attendees depends on my ability to be at Camp Rotary **continuously from 4pm on Friday until 4pm on Sunday**, to **participate in conference activities** (including outdoor activities and activities requiring a moderate amount of physical exertion), and to **follow camp rules** in a manner appropriate and consistent with the values and guidelines of my school district.

Date _____

Student Signature _____

Thank you for applying

<http://www.rotary7930.org/RYLA.cfm>

TO BE COMPLETED BY PARENT/GUARDIAN

Understanding that all reasonable precautions for safety will be taken, I grant members of the RYLA District Committee permission to authorize emergency medical treatment by a medical doctor or hospital.

I have read the copy of the camp rules (available at <http://www.rotary7930.org/RYLA.cfm>), and ensure that my son/daughter, if accepted, will be in full compliance.

Date _____ Parent/Guardian Signature _____

IN CASE OF EMERGENCY, PLEASE CONTACT: (please print)

Name

Relationship to Student

Work #

Home #

MEDICAL HISTORY OF STUDENT:

If selected and able to attend RYLA:

Are you taking any medications on a regular basis? _____ No _____ Yes

If yes, describe: _____

Are you being treated on a regular basis for any medical or mental health issues? _____ No _____ Yes

If yes, describe: _____

Do you have any physical limitations or any allergies? _____ No _____ Yes

If yes, describe: _____

<http://www.rotary7930.org/RYLA.cfm>

Thank you for your interest in RYLA!