

ROTARY YOUTH LEADERSHIP AWARDS (RYLA) CONFERENCE

Rotary District 6440 - 2019-20 Application Form



Applicant Name: _____
(Please Print)

_____ **Session 1: November 14-17, 2019**

_____ **Session 2: March 12-15, 2020**

_____ **Session 3: April 2-5, 2020**

Would you be willing or able to switch weekends to insure your attendance at one of the two weekends in order to help us with balancing the attendance for the two weekends?

Yes _____ No _____

Male/Female _____ Grade in School _____ Age _____

Home Address: _____
Number _____ Street _____
_____ City _____ State _____ Zip Code _____

Parent/Guardian: _____
Name (Please Print)

High School: _____ Counselor: _____

Email _____
Please print clearly – If there is an underscore in email, print above the line please.

Phone Numbers:

Home _____ Cell _____

(Please include area codes with the above numbers)

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BACKGROUND INFORMATION: (Use additional sheet of paper if necessary)

What leadership positions have you held? Give your group or organization name, positions held and dates.

STUDENT ESSAY:

Attach to this application a short essay, no more than 500 words, on the importance of youth leadership in society.

RECOMMENDATION:

This certifies that we recommend the above student and understand that, if selected, this student will attend the Rotary Youth Leadership Awards (RYLA) conference held at Camp Edwards in East Troy, WI. The Conference will begin on Thursday evening and continue through Sunday afternoon on the weekends of March 7-10, 2019 or April 4-7, 2019 of the weekend selected.

Principal or Authorized School Signature & Date

Counselor Signature and Date

STUDENT AGREEMENT:

If I am selected to attend the Rotary Youth Leadership Awards (RYLA) Conference, I agree to abide by all rules and regulations established by the sponsors, and I will strive to contribute my best effort toward the success of the program.

Student Signature

Date

Parent Signature

Date

PLEASE NOTE: The following is to be completed by the sponsoring Rotary Club

RETURN THIS COMPLETED APPLICATION TO:

RYLA District Chairman, Sean Nelson, 25361 Milton Avenue, Glen Ellyn, IL. 60137

This application must include a check, payable to Rotary District 6440, in the amount of \$350

Sponsoring Rotary Club _____

Club Chairman _____

Address _____ City _____