

Rotary District 5100 Rotary Youth Leadership Awards Menucha Retreat Center, Corbett, Oregon July 8 – 14, 2017

Dear Rotarians,

Thank you for sponsoring a young adult to the Rotary Youth Leadership Awards (RYLA)! Since 1985 Rotary District 5100 has been encouraging young adult leaders in our community by exposing them to incredible speakers, practical skills, and challenges to grow them both individually and as leaders in their communities.

Before you submit the application(s) we wanted to take a moment and discuss the program with you. RYLA is a weeklong retreat in July of each year. Roughly 40 participants gather in the Columbia Gorge to come together and step up to leadership. In order to insure the best experience for the participants and the program, we would like you to fill out the following:

SPONSORING ROTARY CLUB COMPLETES THIS SECTION:

Rotary Club:		
RYLA Contact:	Club Position:	
Secondary Contact:	Club Position:	
Club Address:		
Email:	Phone (day):	

Please read the application agreement below! Send the completed RYLA application for your club's candidate(s) **AND** a copy of the applicant's essays on leadership **AND** the tuition payment of **\$650.00** to the address listed below. **If your club would like to sponsor more than one applicant, please rank your applicants.** To be fair to all clubs involved applicants are generally accepted on a first-come, first-serve basis. However, to encourage district-wide participation clubs are initially limited to two applicants each. Applications will not be considered submitted until payment has also been received. The deadline to submit applications is May 31, 2017. Up to 40 applicants may be accepted. Tuition is not refundable due to cancellation after June 15, 2017 and will be prorated based on expenses incurred on cancellations prior to June 16, 2017.

SPACE IS LIMITED – YOUR PROMPTNESS IS APPRICIATED

Should your participant drop out last minute, will you allow the RYLA Committee to decide on a replacement?

Yes 🗌 No 📖

Return the completed form and your application to: **Derek Foote, District 5100 RYLA Chair**

foote.derek@gmail.com 200 NW Division Street Gresham, OR 97030

Authorized Rotary Club Signature: _____

Date: _____



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APPLICATION

APPLICANT MUST BE BETWEEN 19 AND 28 YEARS OF AGE ON JULY 8, 2017.

Na	me:		Gender:	Male: 🗌 Female: 🗌
Na	(Last), me you prefer to be called:	(First),	(Middle Initial) Date of Birth:	
Em	ail Address:		T-Shirt Size (unisex):	
Cel	I Phone:	Work Ph.:	Other Ph.:	
Но	me Address:			
Na	me of School and/or Business	:		
Yea	ar in school and major and/or	Job Title:		
R	EFERENCES - List two refere	ences who can des	scribe you and your leaders	hip abilities:
1.	Address.			
2.	Name:		Phone Contact:	
Ρ	ERSONAL HEALTH AND ME	DICAL FORM		
He	me: alth / Accidental Insurance Co licy Number:	Age: ompany:	Gender:	Male: 🗌 Female: 🗌
	you have any special medical	condition(s) / aller	gies? If Yes, please describe:	
	you have special dietary need scribe:	ds / restrictions (inc	luding vegetarian, vegan, etc) if Yes, please
	MERGENCY CONTACTS- Clo Who are not attending RYL/	•	cts that can make medical o	decisions for you
1.	Name: Email:		_ Relationship: Home Phone:	

	Cell Phone:	Work Phone:
2.	Name:	Relationship:
	Email:	Home Phone:
	Cell Phone:	Work Phone:



ANSWER THE FOLLOWING ESSAY QUESTIONS ON A SEPARATE PIECE OF PAPER, WHICH SHOULD BE INCLUDED WITH YOUR APPLICATION.

1. Define leadership and your leadership abilities and desires. Be as specific as possible.

Describe school / work activities in which you are involved and any awards you may have received.
Describe other activities with which you are involved (social, civic, religious, etc.) and note your leadership roles.

Applicant Agreement: I understand that in order to learn in a way that is in accord with the highest aspiration of the program, each of us relinquishes the ability to make certain decisions. As a participant I understand that that I won't choose what I eat, when I have free time, and what activity comes next. I understand all of these things are decided for me to free up my attention so I can gain the greatest benefit from each day and activity. I understand the most important choice I relinquish is the choice about my term of stay at RYLA. By signing this application, I agree that if selected, I will attend the entire RYLA program for the duration of RYLA week as listed in this application and that I will not be able to leave the RYLA campus until the conclusion of the program. The program begins the morning of July 8, 2017 and ends at 1:00 PM on July 14, 2017.

I also understand that the program tuition is \$650.00 and that the tuition is being paid by the Rotary Club listed above. I agree to reimburse all or part of the \$650.00 tuition to the sponsoring Rotary Club at their request should I leave or cancel any part of RYLA.

I also understand that I am required to contact my sponsoring Rotary club following RYLA to schedule a presentation that shares my RYLA experience with their club's members.

Applicant Signature

Date

Return the completed form and your application to: Derek Foote, District 5100 RYLA Chair foote.derek@gmail.com 200 NW Division Street Gresham, OR 97030

Note: A confirmation is sent to the sponsoring Rotary club after the application, essay, and payment has been received. Acceptance notifications sent to candidates selected to attend RYLA informing them of their acceptance and providing them with further details after the application deadline.