



ROTARY YOUTH LEADERSHIP AWARDS 2021

RYLA TEEN APPLICATION

Deadline to submit this application is March 31, 2021.

TEEN INFORMATION (PLEASE PRINT)

Name: _____	Gender: M / F
High School: _____	Grade: 10 or 11
Age: _____ Birthday (DD/MM/YYYY): _____ / _____ / _____	
Mailing Address: _____	City: _____
Province/ State: _____	Postal / ZIP Code: _____
Home telephone: (_____)	Cell Phone: (_____)
Email 1: _____	Email 2: _____
Sweatshirt size (circle one): S M L XL XXL Other: _____	Tee shirt size (circle one): S M L XL XXL Other: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS ON A SEPARATE SHEET OF PAPER.

NOTE: Answers should not exceed 50 words per question. Please type or write (print) clearly.

1. What are you passionate about?
2. What are your hobbies and interests?
3. Tell us about one or two of your goals that you have set for yourself.
4. How do you make a difference in the lives of your family, friends and community? (For example, do you help take care of younger siblings, help your parents or grandparents or volunteer at a local non-profit)?
5. What motivated you to apply to attend RYLA?
6. What type of service projects/service organizations interest you most? Please check your top two choices.

<input type="checkbox"/> Elderly/Senior Care Service	<input type="checkbox"/> Youth Service	<input type="checkbox"/> Disadvantaged Service
<input type="checkbox"/> Outdoor/Nature Service	<input type="checkbox"/> Other: _____	

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name _____

Mailing Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

- ✓ I give permission for _____ to attend RYLA 2021 virtually, Thursday, April 15 through Saturday, April 17, 2021.
- ✓ I understand that I am responsible for arranging necessary time away from school, including travel time.
- ✓ I/We have reviewed and agree to the RYLA 2021 FAQ's.
- ✓ If I have questions, I will contact the local Rotary Club Representative below with any questions.
- ✓ I give permission for photos to be taken and published for Rotary activities for print or web.

→ _____

Parent/Guardian Signature **Date**

→ Printed name:

→ _____

Teen Signature **Date**

→ Printed name:

Homer-Kachemak Bay Rotary Club

Beth Trowbridge

907-399-6756

swertia82@gmail.com

Rotary Club

RYLA REP Name

Phone

EMAIL or Fax