



**RYLA 2024 JUNE 23rd – JUNE 26th 2024  
CAMP HINDS, RAYMOND, ME**

**STUDENT APPLICATION, REGISTRATION & PARENT CONSENT FORM**

- This application does not indicate acceptance into the program.
- You will be notified by your local Rotary Club once you are accepted.
- This application is the vital information that is needed for your Rotary Club to accept and grant your scholarship to attend RYLA 2024.

**1.) STUDENT INFORMATION**

Today's Date:		Rotary Club Contact Person:	
1a. Student's Last Name:		1b. First Name:	1c. Middle Initial:
2. Nickname (if different from first name):		3. Birth Date:	
4. Student's Email:		5. Student's Phone Number:	6. Student's Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other: _____
7a. Student's Mailing Address:			
7b. City		7c. State	7d. Zip Code
8. Student's High School:		9. Name of Guidance Counselor (First and Last):	12. Sponsoring Rotary Club:
10. Guidance Counselor's Email Address:		11. Guidance Counselor's Phone Number:	
12. Student's Dietary Restrictions <input type="checkbox"/> NONE <input type="checkbox"/> Vegan <input type="checkbox"/> Vegetarian <input type="checkbox"/> Nut/Peanut Allergy <input type="checkbox"/> Lactose Intolerance <input type="checkbox"/> Halal <input type="checkbox"/> Kosher <input type="checkbox"/> Gluten-free <input type="checkbox"/> Other		12a. Dietary Restrictions continued.  IF you selected "Other", or wish to explain your restrictions further, please explain:	

<b>Please read the following statements, mark that they have been read, and sign at the end.</b>		
MEDICAL FORM:	I acknowledge that I must fill out a medical form which I will receive in a welcome package in the upcoming weeks. This form will include any medication and/or allergies I may have and will also require completion by my primary care physician and need to be completed and mailed to RYLA by <b>June 1st.</b>	<input type="checkbox"/> I Acknowledge
SCHOLARSHIP:	I acknowledge that by signing I am applying for RYLA 2024 and I am able to attend 4 full days - June 23rd to June 26th and I acknowledge that I am receiving a full scholarship valued at \$750 to attend camp.	<input type="checkbox"/> I Acknowledge
COVID-19:	I acknowledge that by signing, I am stating that I agree to adhere to the protocols, mandates, and responsibilities put in place to protect myself and others from COVID-19 at RYLA 2024, should these precautions become necessary for the safety of the camp.	<input type="checkbox"/> I Acknowledge
<b>Student Signature:</b>		Date Signed:

## 2.) PARENT/GUARDIAN INFORMATION

13a. Parent/Guardian # Last Name:	13b. First Name:	
13c. Parent/Guardian #1 Email:	13d. Parent/Guardian #1 Phone Number:	
14a. Parent/Guardian #2 Last Name:	14b. First Name:	
14c. Parent/Guardian #2 Email:	14d. Parent/Guardian #2 Phone Number:	
<b>3rd EMERGENCY CONTACT (we contact parents first)</b>		
15. Name of Local Friend/Relative (different address)	16. Cell Phone Number:	17. Relationship to student
<b>Please read the following statements, mark that they have been read, and sign at the end.</b>		
STUDENT DROP OFF - SUNDAY, JUNE 23RD, 2024	Students arrive at 8:30 for drop off at Camp Hinds. We have a full system of registration that will allow for all 144 students to register and begin camp within one hour.	<input type="checkbox"/> I Acknowledge
FINAL BBQ- WEDNESDAY, JUNE 26TH, 2024	On Wednesday, June 26th there is a final BBQ and ceremony that begins at 5:15 pm and ends at 6:30. Tickets for the BBQ are \$12.00, \$20.00 for two, or \$30.00 for three, etc. Student is covered by the scholarship.	<input type="checkbox"/> I Acknowledge

SCHOLARSHIP	I acknowledge the above-named student has applied for and will accept if granted a scholarship valued at (\$750) to Rotary Youth Leadership Camp (RYLA) and will attend starting Sunday, June 23rd at 8:30 AM through Wednesday, June 26th AT 5:15 PM.	<input type="checkbox"/> I Acknowledge
COVID-19	I acknowledge that by signing, I am stating that I agree, that this student must adhere to the protocols, mandates, and responsibilities put in place to protect themselves and others from COVID-19 at RYLA 2024, should those precautions become necessary for the safety of camp.	<input type="checkbox"/> I Acknowledge
Parent/Guardian #1 Signature:		Date Signed:
Parent/Guardian #2 Signature:		Date Signed:

### 3.) STUDENT APPLICATION:

Please complete the following to finish your application and return to your local Rotary Club:

1. Fill out the above application and registration form. Have your parents/guardians sign the form acknowledging that they are aware that you are applying and that they give permission. Print neatly or fill out your form digitally, and print for signatures. Virtual fillable PDF available online.
2. Submit this application along with:
  - A. Student Essay**
    - a. Answer the following prompt: *What leadership strengths do you have and what would be your goals for attending a 4-day outdoor leadership camp?*
  - B. A letter of recommendation and/or an interview with the local Rotary club is required.**
    - a. Check with your local Rotary club about their requirements: you may have an interview **and** need a letter of recommendation depending on your club. If you need the recommendation letter, have a teacher, coach, or guidance counselor provide a letter with an emphasis on your leadership skills.
3. Submit the package to your local Rotary Club. Go to <http://rotary7780.org/clubdirectory> for addresses.
  - A. The guidance counselor or Interact Advisor will know the address as well.
  - B. Note: you do not have to be an Interact Club Member to be eligible for the scholarship.

**You are applying to attend RYLA and to receive a scholarship valued at \$750.00 to attend.**

- If you are accepted, you will receive an email notification and a welcome package in April.
- It will include medical forms that need to be completed and submitted by **June 1<sup>st</sup>**.

#### **4.) PARENT ACKNOWLEDGEMENTS:**

1. Your student is applying to receive a scholarship to RYLA, a 4-day outdoor leadership camp that is held at Camp Hinds in Raymond, Maine.
2. **Your student is committing to attend all 4 days.**
3. Your student will receive a scholarship to attend and the fee is paid for by your local Rotary Club. If your student does not attend, the cost is still paid.
4. Medical Forms that require a Doctor's signature are due **by June 1<sup>st</sup>** so please plan accordingly once your child is accepted to the program. You will receive an email notification and a Welcome Package in the mail with all the necessary forms.