

# ROTARY YOUTH LEADERSHIP AWARDS (RYLA) CONFERENCE

Rotary District 6440 - 2024-25 Application Form



Applicant Name: \_\_\_\_\_  
(Please Print)

\_\_\_\_\_ **Session 1: March 6-9, 2025**

\_\_\_\_\_ **Session 2: April 3-6, 2025**

Would you be willing or able to switch weekends to ensure 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) Parent/Guardian Email & Phone #

High School: \_\_\_\_\_ Counselor: \_\_\_\_\_

Your Personal Email \_\_\_\_\_  
Please print clearly – If there is an underscore in email, print above the line please.

Phone Numbers:

Parents Cell # \_\_\_\_\_ Your 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.

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## 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 6-9, 2025 or April 3-6, 2025 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 \$400

Sponsoring Rotary Club \_\_\_\_\_

Club Chairman \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_