

Rotary District 5100 Youth Leadership Awards
Menucha Retreat Center, Corbett, Oregon
July 12 -18, 2008
Application Due Date: May 1, 2008,
1st come 1st serve after this date

APPLICATION (must be between 19 to 28 years old on July 12th, 2008)

Name _____ Nickname _____ Date of Birth _____

Gender: M / F Phone: Home () _____ Work () _____

Home Address: _____

E-mail Address: _____ T-shirt size: _____

Name of school or business: _____

Year in school and major; and/or job title: _____

Do you have special medical conditions/allergies/diet (vegetarian)? If so, please describe: _____

List two references who can describe you and your leadership abilities:

1. Name: _____ Phone: Work _____ Home _____

Address: _____ Relationship: _____

2. Name: _____ Phone: Work _____ Home _____

Address: _____ Relationship: _____

On a separate sheet, please answer the following questions:

1. Define leadership and your leadership abilities and desires. Be as specific as possible.
2. Describe school/work activities in which you are involved and any awards you may have received.
3. Describe other activities with which you are involved (social, civic, religious, etc. and note your leadership roles.

FOR THE SPONSORING ROTARY CLUB:

Name of club and club contact: _____

Address: _____ City/State/Zip _____

Email: _____ Phone: Work _____ Home _____

Club interview will be held: _____

When your club has selected its candidate, please send this application form, the completed health form, your candidate's essay on leadership, and your payment of \$550.00 to the address below. If your club is sending more than one application, please rank them for us. We will do our best to include everyone.

**BRIDGET NIPP
RYLA
11368 SW BULL MOUNTAIN ROAD #317
TIGARD, OR 97224**

PLEASE RETURN NO LATER THAN MAY 1, 2008. YOUR PROMPTNESS IS APPRECIATED.

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PERSONAL HEALTH AND MEDICAL FORM

(must be between 19 to 28 years old on July 7th, 2008)

Name _____ Age _____ Gender(M/F) _____

Address _____

Health/Accident Insurance Company _____

Policy Number _____

IN AN EMERGENCY, NOTIFY (please include at least one family member):

Name _____ Relationship _____

Home Phone _____ Work Phone _____

Name _____ Relationship _____

Home Phone _____ Work Phone _____

Please list any health-related conditions we should be aware of.

**Please return the completed form and your application information to your sponsoring
Rotary Club named on the front.**