

**ROTARY DISTRICT 5970**  
***ROTARY YOUTH LEADERSHIP AWARDS***  
**RYLA, APPLICATION**

**March 26-28, 2010 Session**

**Application deadline is February 15<sup>th</sup>, 2010**

(Please print or type all information and return this application to the local Rotary club)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Actual or anticipated high school graduation date: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Cellular \_\_\_\_\_

Business \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Date of Birth \_\_\_\_\_

Occupation or course of study \_\_\_\_\_

Employer or school:

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_

In case of emergency, contact:

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_

Please include a brief summary with this application, maximum of 3 pages. Comment on actual or planned post-secondary education, career goals, high school activities and any officer or leadership positions held in conjunction with any specific high school activity, community service activities and any officer or leadership positions held in conjunction with any specific community service activity, previous exposure to Rotary or a Rotary Interact Club, etc.

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Please include a letter of recommendation or endorsement for this seminar and workshop by any adult, other than a relative, who has knowledge of you and your accomplishments.

No funds need to be submitted with this RYLA application. If this application is approved by the Rotary District 5970 RYLA Selection Committee, the \$280.00 fee will be due at the time of your written approval notification, estimated to be not later than July 15, 2009. Proof of health insurance coverage will also be needed at that time.

Describe your reasons for applying for this Rotary District 5970 RYLA seminar and workshop.

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Circle size of the RYLA tee shirt desired:    Small    Medium    Large    XLarge    XXLarge

One of the policies of the Rotary District 5970 RYLA Committee is no application will be denied due to an applicant's inability to pay the \$280.00 fees connected with this RYLA seminar and workshop. If your application is approved, will you need a full or partial scholarship to participate? If none, so state. If so, what percentage of funding will you need?

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Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Signature indicates agreement to abide by guidelines and rules established by the District 5970 RYLA Organizers)

This RYLA application has been reviewed and recommended for approval by the Rotary Club

of \_\_\_\_\_

Point of contact of the local Rotary club:

Name \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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