ROTARY YOUTH LEADERSHIP AWARDS

STUDENT APPLICATION

May 30 – June 1, 2014

Application Process

1. Please attach a typewritten essay of at least one and not more than two double-spaced pages that describes **all three of the following**:
    a. Your most rewarding leadership experience and the role you played in making it a success
    b. A leadership experience that didn't go the way you expected and what you learned from it
    c. A situation that frustrates you and your top three ideas for improving it
2. Applicants must **complete all items** listed on **both sides** of the Student Application Form
3. **Both** the student and parent / guardian must **sign the form**
4. Return the application to the Wakefield Rotary Club **before April 1, 2014**
5. **A $20 application fee** made out to the Wakefield Rotary Club must be submitted with the application. This fee will be refunded to any applicant who is not selected to participate in this program. The sponsoring Rotary Club will cover all other program fees for selected applicants.
6. The Wakefield Rotary Club will select up to 5 participants.

==========

TO BE COMPLETED BY STUDENT

(Please PRINT and complete both sides)

Sponsoring Rotary Club: Wakefield Rotary Club

Name_____ School_____

Street_____ Home #_____

City/Zip_____ Email_____

Age____ Sex____ T-shirt Size: ☐ M ☐ L ☐ XL ☐ XXL

The RYLA program takes place at **Camp Rotary,** 372 Ipswich Road in Boxford, MA. The program starts promptly at **4pm on Friday** and ends promptly at **4pm on Sunday**. I understand that the effectiveness of this program for myself and the other attendees depends on my ability to be at Camp Rotary **continuously from 4pm on Friday until 4pm on Sunday**, to **participate in** conference **activities** (including outdoor activities and activities requiring a moderate amount of physical exertion), and to **follow camp rules** in a manner appropriate and consistent with the values and guidelines of my school district.

Date_____ **Student Signature**_____

Thank you for applying

http://www.rotary7930.org/RYLA.cfm

(over)

==========

TO BE COMPLETED BY PARENT/GUARDIAN

Understanding that all reasonable precautions for safety will be taken, I grant members of the RYLA District Committee permission to authorize emergency medical treatment by a medical doctor or hospital.

I understand that RYLA representatives may take photographs, videotape, or digital recordings of my child over the course of the weekend, and I agree that RYLA may use such media, with or without my child's name, for any lawful purpose including publicity, illustration, advertising, and web content.

I have read the copy of the camp rules (available at http://www.rotary7930.org/RYLA.cfm), and ensure that my son/daughter, if accepted, will be in full compliance.

Date_____ **Parent/Guardian Signature**_____

IN CASE OF EMERGENCY, PLEASE CONTACT: (please print)

_____ _____

Name Relationship to Student

_____ _____

Work # Home #

MEDICAL HISTORY OF STUDENT:

If selected and able to attend RYLA:

Are you taking any medications on a regular basis? ____No ____Yes

If yes, describe:_____

Are you being treated on a regular basis for any medical or mental health issues? ____No ____Yes

If yes, describe:_____

Do you have any physical limitations or any allergies? ____No ____Yes

If yes, describe:_____

http://www.rotary7930.org/RYLA.cfm

Thank you for your interest in RYLA!

December 2013