



**DISTRICT 6460 ROTARY YOUTH EXCHANGE
SCHOOL YEAR PROGRAM**

**PRELIMINARY "Short" Outbound Application
for Summer 2018**

Give to a local Rotary Club and email to
Pete Caruso at address on page 2.

Go to RYLA!!!!
MUST apply at local 6460 Rotary club!
More Outbound info at
www.csrye.org

Student's Name: _____ Sex: Male ___ Female ___

Mailing address: _____ student phone: (___) _____

City _____ State: ___ Zip: _____ e-mail: _____

Birth Date: Month _____ Day _____ Year _____ Age now _____ You must be younger than 18.5 on 8/1/2016.

Father's name: _____ Mother's name: _____

Father's phone: _____ Mother's phone: _____

Father's e-mail: _____ Mother's e-mail: _____

1. Present grade in school _____ Approximate cumulative place in class _____ out of total number in class of _____. GPA _____
2. What are your school interests, activities and achievements? (Class office, student council, athletics, etc. _____

3. What are your hobbies or accomplishments? (Art, music, swimming, golf, etc.)
4. What are your future ambitions and career plans? _____
5. You may be asked to speak to Rotary Clubs or other organizations. Have you had any experience before large groups: (yes,no) _____

6. What do you specifically hope to accomplish as an exchange student? _____

7. What language(s) do you speak besides English? Years studied each language:

PARENTAL CONSENT

Consent of parents for student _____ (name) to participate in the Rotary Youth Exchange Program

1. We hereby give permission for the above named student to travel and participate in the Rotary exchange which, is the subject of this application, and agree to pay all student costs including air fare, fees and insurance.
2. We hereby relieve members of any host family, any Rotarian, Rotary club and/or Rotary District and/or Rotary International, of any liability and financial responsibility in case of accident, illness or death, except that furnished by any insurance coverage effective under the Exchange (cost of insurance to be borne by parents).
3. It is important that the exchange student be an ambassador of good will, meet people and challenges well, adapt to being away from family and friends, and adapt to new surroundings and experiences. Do you have any misgivings in this regard? Yes No Please explain your answer briefly
4. Does said student have any health problems that might require medication or restrict any activities during this exchange? If so, describe.
5. Would you anticipate that this student would smoke (yes____no____) or drink (yes____no____) during this exchange ?

SIGNATURES:

FATHER: _____ MOTHER: _____

WITNESS: _____ TITLE: _____

DATE: _____

NOMINATING ROTARY CLUB ENDORSEMENT:

ROTARY CLUB: _____ DATE: _____

SIGNATURE: _____

TYPED OR PRINTED NAME: _____ CLUB TITLE: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: () _____ e-mail _____

Check all applicable: YEO Current Volunteer affidavit CBC DOS trained Safety trained

Were the STUDENT AND PARENTS interviewed by several members of the nominating ROTARY CLUB?

YES _____ NO _____ DATE _____

CLUBS MUST email APPROVED APPLICATIONS TO:

Pete Caruso, Outbound Chair

2350 E Fremont

Galesburg, IL 61401

pmpc@galesburg.net