

Rotary



District 6460 Youth Exchange

Preliminary Application

Student's Name _____ Sex: Male ____ Female ____

Home address _____ Student phone (____) _____

City _____ State: ____ Zip _____ email _____

Birth Date (mm/dd/yy) _____ Age now _____ (cannot be more than 18.5 yrs. when you depart in August or January)

Mother's name _____ Mother's phone _____

Mother's email _____

Father's name _____ Father's phone _____

Father's email _____

1. Current grade in school _____ GPA _____

Approximate cumulative place in class _____ out of total number in class of _____.

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 speaking in front of large groups? (yes, no)

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

7. What foreign language(s) do you speak or have you studied? 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 Youth Exchange Program, which is the subject of this application, and agree to pay all student costs including airfare, 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. We hereby believe our student is capable of being an ambassador of goodwill, meet people and challenges well, adapt to being away from family and friends, and adapt well to new surroundings and experiences. If we have any misgivings in this regard, we will discuss them with Rotary District 6460 Youth Exchange leadership.
4. In the event that our student has health issues (mental or physical) that requires medication or might impact or restrict any activities during this exchange, we will be forthright about them and discuss their potential impact on our student's exchange with Rotary District 6460 Youth Exchange leadership. (Confidentiality will be respected by all Rotarian volunteers)

FATHER: _____ MOTHER: _____

WITNESS: _____ TITLE: _____

DATE: _____

NOMINATING ROTARY CLUB ENDORSEMENT:

ROTARY CLUB: _____ DATE: _____

SIGNATURE: _____

TYPED OR PRINTED NAME: _____ CLUB TITLE: _____

ADDRESS: _____

PHONE: () _____ e-mail _____

Please return this application to your local Rotary Club. If you don't have a local contact, send to District 6460 Youth Exchange Chair, Beth Allen bethbellattiallen@gmail.com or call 831-970-8308.