



Rotary District 5100  
 Rotary Youth Leadership Awards  
 Menucha Retreat Center, Corbett, Oregon  
 July 11 – 17, 2015

## APPLICATION

**APPLICANT MUST BE BETWEEN 19 AND 28 YEARS OF AGE ON JULY 11, 2015.**

Name: \_\_\_\_\_ Gender: Male:  Female:   
(Last), (First), (Middle Initial)

Name you prefer to be called: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_ T-Shirt Size (unisex): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Ph.: \_\_\_\_\_ Other Ph.: \_\_\_\_\_

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

Name of School and/or Business: \_\_\_\_\_

Year in school and major and/or Job Title: \_\_\_\_\_

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

1. Name: \_\_\_\_\_ Phone Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

### PERSONAL HEALTH AND MEDICAL FORM

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Male:  Female:

Health / Accidental Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Do you have any special medical condition(s) / allergies? If Yes, please describe: \_\_\_\_\_

Do you have special dietary needs / restrictions (including vegetarian, vegan, etc.) if Yes, please describe: \_\_\_\_\_

**EMERGENCY CONTACTS- Close personal contacts that can make medical decisions for you (Who are not attending RYLA)**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_



**Rotary District 5100  
Rotary Youth Leadership Awards  
Menucha Retreat Center, Corbett, Oregon  
July 11 – 17, 2015**

**ANSWER THE FOLLOWING ESSAY QUESTIONS ON A SEPARATE PIECE OF PAPER, WHICH SHOULD BE INCLUDED WITH YOUR APPLICATION.**

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.

Applicant Agreement: I understand that in order to learn in a way that is in accord with the highest aspiration of the program, each of us relinquishes the ability to make certain decisions. As a participant I understand that that I won't choose what I eat, when I have free time, and what activity comes next. I understand all of these things are decided for me to free up my attention so I can gain the greatest benefit from each day and activity. I understand the most important choice I relinquish is the choice about my term of stay at RYLA. By signing this application, I agree that if selected, I will attend the entire RYLA program for the duration of RYLA week as listed in this application and that I will not be able to leave the RYLA campus until the conclusion of the program. **The program begins the morning of July 11, 2015 and ends at 1:00 PM on July 17, 2015.**

I also understand that the program tuition is \$650.00 and that the tuition is being paid by the Rotary Club listed above. I agree to reimburse all or part of the \$650.00 tuition to the sponsoring Rotary Club at their request should I leave or cancel any part of RYLA.

I also understand that I am required to contact my sponsoring Rotary club following RYLA to schedule a presentation that shares my RYLA experience with their club's members.

---

**Applicant Signature**

---

**Date**

Return the completed form and your application to:

Baldwin van der Bijl

baldwinrotary@comcast.net

3416 SE Naef Rd

Oak Grove, OR 97267

Note: A receipt is sent to the sponsoring Rotary club after the application, essay, and payment has been received. A letter / email will be sent to candidates selected to attend RYLA informing them of their acceptance and providing them with further details.