

## Rotary District 5100 Rotary Youth Leadership Awards Menucha Retreat Center, Corbett, Oregon July 11-17 2020

Dear Rotarians,

Thank you for sponsoring a young adult to the Rotary Youth Leadership Awards (RYLA)! Since 1985 Rotary District 5100 has been encouraging young adult leaders in our community by exposing them to incredible speakers, practical skills, and challenges to grow them both individually and as leaders in their communities.

RYLA is a week-long retreat in July of each year. Roughly 40 participants gather in the Columbia Gorge to learn the ideals of Service Above and other leadership skills. To insure the best experience for the participants and the program, we would like you to fill out the following:

SPONSORING ROTARY CLUB COMPLETES THIS SECTION:				
Rotary Club:				
	Club Position:			
	Club Position:			
Club Address:				
	Phone (day):			
<b>AND</b> the tuition payment of \$750.00 to the applicant, please rank your applicants. To come, first-serve basis. However, to encour each. Applications will not be considered applications to the district is May 31, 2020	our club's candidate(s) <b>AND</b> a copy of the applicant's essays on leadership address listed below. <b>If your club would like to sponsor more than one</b> be fair to all clubs involved applicants are generally accepted on a first-rage district-wide participation clubs are initially limited to two applicants submitted until payment has been received. The deadline to submit but to 40 applicants may be accepted. Tuition is not refundable due to a prorated based on expenses incurred on cancellations prior to June 12, <b>ct 5100.</b>			
SPACE IS LIMITE	ED – YOUR PROMPTNESS IS APPRICIATED			
Should your participant drop out last minute,	, will you allow the RYLA Committee to decide on a replacement?			
Return the completed form and your applicate Daniel Spalding, District 5100 RYLA Chair dsspalding@gmail.com 2140 SW Wynwood Ave Portland, OR 97225	tion to:			
Authorized Rotary Club Signature:	Date:			



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#### **APPLICATION**

A	PPLICANT MUST BE BETWEEN	19 AND 28 YEARS	S OF AGE ON JULY 11, 2020.
Nar	me:		Gender:
_	(Last),	(First),	(Middle Initial)
Preferred Name (for nametag):			Date of Birth:
	ail Address:		T-Shirt Size (unisex):
	l Phone:	Work Ph.: _	Other Ph.:
	ntact Method:		
	me Address:		
	me of School and/or Business:		
Yea	er in school and major and/or J	ob Title:	
R	<b>EFERENCES</b> - List two reference	es who can descri	be you and your leadership abilities:
1.	Name:		Phone Contact:
	Addracc.		
	Dalatianalain.		
2.	Mana.		Discuss Courtests
	Address:		
	Relationship:		
P	ERSONAL HEALTH AND MEDIC	CAL FORM	
		Company:	
	icy Number:		
Do	you have any special medic	al condition(s) or	r allergies? If Yes, please describe:
	you have special dietary ne scribe:	eds or restriction	ns (including vegetarian, vegan, etc.) if Yes, please
	MERGENCY CONTACTS- Close ttending RYLA). All sections are		that can make medical decisions for you (Who are not
1.	Name:		Relationship:
	Email:		Home Phone:
	Cell Phone:		Work Phone:
2.	Name:		Relationship:
	Email:		Home Phone:
	Cell Phone:		Work Phone:



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### 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 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 I won't choose what I eat, when I have free time, and what activity comes next. I understand 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 the 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, 2020 and ends at 1:00 PM on July 17, 2020.

I also understand that the program tuition is \$750.00 and that the tuition is being paid by my sponsoring Rotary Club. I agree to reimburse all or part of the \$750.00 tuition to the sponsoring Rotary Club at their request should I leave or cancel any part of my RYLA participation.

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: Daniel Spalding, District 5100 RYLA Chair dsspalding@gmail.com
2140 SW Wynwood Ave
Portland, OR 97225

Note: A confirmation is sent to the sponsoring Rotary club after the application, essay, and payment has been received. Acceptance notifications are sent to candidates providing them with further details after the application deadline.