

**ROTARY INTERNATIONAL (RI) DISTRICT 7090
2010 Rotary Youth Leadership Award (RYLA) APPLICATION**

THE ROTARY YOUTH LEADERSHIP AWARDS (RYLA) PROGRAM IS FOR YOUNG ADULTS-
PROFESSIONALS, ENTREPRENEURS, COLLEGE AND UNIVERSITY STUDENTS, WHO
DEMONSTRATE SELF AWARENESS, LEADERSHIP QUALITIES AND CONCERN FOR OTHERS.

PLEASE EMAIL COMPLETED APPLICATION TO RYLA REGISTRAR, CHERYLE SLATTERY @
CHERYLET@COGECO.CA OR SUBMIT TO YOUR LOCAL ROTARY CLUB FOR SPONSORSHIP.

**NOTE TO APPLICANT: YOU MUST BE ABLE TO ATTEND THE FULL RYLA
PROGRAM, STAYING ON CAMPUS FOR THE DURATION OF THE PROGRAM
(June 11-17, 2010) AND FREE OF ANY OTHER COMMITMENTS.**

TO BE COMPLETED BY THE APPLICANT

The decision regarding your participation in the RYLA program will be made on the basis of the information you provide on this application. Please respond to all questions and attach additional sheets as necessary.

Last Name _____ First Name _____ Middle Name _____

Nick Name _____ Male/Female _____ Date of Birth _____

Address:

Street	Town/City	State/Prov.	Zip/Postal Code
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Home phone	Cell Phone	E-mail address (please print clearly)
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Name of person to be contacted in emergency	Telephone	Cell phone	E-mail address
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ACADEMIC RECORD

Highest level achieved	Date	Name of institution
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WORK HISTORY:

Please list **part-time** employment position(s) and responsibilities...

Please list **full-time** employment position(s) and responsibilities...

VOLUNTEER INVOLVEMENT:

Please list the volunteer activities in which you have been involved over the past 5 years...

LEADERSHIP ROLES:

(Employment, College/University, Secondary School, Sports, Church, Community, etc.)

Please describe your leadership positions and/or experiences:

AWARDS:

(Academic, sports, community service, etc.)

Please identify any awards that you received in the past five years and explain briefly why you received each award.

LEADERSHIP EXPERIENCE: RYLA is a leadership training program for young adults. It will help us to know how experienced you are in leadership roles. Describe the leadership qualities you believe you have and what you expect to enhance:

Do you play a musical instrument and if so can you bring your instrument to the seminar? Yes/No

Name of Instrument(s): _____

If necessary, please include additional information on a separate sheet.

Date: _____ Signature: _____

THE 2009 RYLA SESSION WILL BE HELD AT SUNY UNIVERSITY, FREDONIA, NEW YORK, USA --- JUNE 14, BEGINNING at 3:30 p.m. – JUNE 20, ENDING at NOON.

REFERENCES

Please provide the names and contact information for at least **TWO references** (personal, academic and/or employer):

NAME: _____

Address: _____

Relationship to applicant: _____

Phone number(s) _____

E-mail _____

NAME: _____

Address: _____

Relationship to applicant: _____

Phone number(s) _____

E-mail _____

NAME: _____

Address: _____

Relationship to applicant: _____

Phone number(s) _____

E-mail _____

TO BE COMPLETED BY THE SPONSORING CLUB

SPONSORING ROTARY CLUB: _____

The applicant has been found to be responsible and worthy of attending the 2009 RYLA program and agrees to attend it for the entire program. With this application we enclose a check for the fee of \$650.00 USD.

President: _____

Signature: _____

RYLA/Youth Service Director: _____

Signature: _____

E-mail: _____ Telephone: _____

Earlybird Registration Deadline: April 2, 2010

Submit registration information and payment (\$650 USD LESS 5% DISCOUNT-(net \$617.50) per delegate) in full.

FINAL Registration Deadline: May 15, 2010

Submit registration information and payment (\$650 USD per delegate) in full.

Checks to be made payable to: *Rotary District 7090 – 2010 RYLA Registration*

SEND THE COMPLETED APPLICATION WITH FUNDS TO:

RYLA REGISTRAR

Cheryle Slattery, St. Catharines Mazda, 161 Scott Street, St. Catharines, Ontario, L2N 1H3
(Questions - 905-892-1510)

***All applicants and sponsoring clubs will be notified via email,
of the results of their applications.***