

## **Rotary District 6450 Youth Exchange**

## **District Pre-Application**

Send to Sue Bolt:	SEDEBOLT63@Gmail.com			
Student's Name:			Sex: Male Female	
Mailing Address:			Student's Phone:	
City:	State:	Zip:	Date of birth:	
Student's email:			Current age:	
Father's name:	Mother's name:			
Father's phone:	Mothe		Mother's phone:	
Father's email:	М		Mother's email:	

- 1. Present grade in school:
   Approximate cumulative place in class
   out of

   total # in class
   GPA:
- 2. What are your interests, activities, and achievements? (clubs, student council, athletics, band, awards, etc.)
- 3. What are your hobbies?
- 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 Please list:
- 6. What do you specifically hope to accomplish as an exchange student?
- 7. What languages do you speak besides English?

STUDENTS: You must include a paragraph explanation describing WHY you are interested in doing Rotary Youth Exchange and WHY you feel you would be a good candidate. Please write this at the end of this form.

Passport Photo	

## **Parental Consent**

- 1. We hereby give permission for said student to travel and otherwise participate in the Rotary Exchange applied for, and agree to pay all his/her student costs in this process; referred to as "sending family costs."
- 2. We hereby relieve members of any host family, any Rotarian, Rotary Club and/or Rotary District involved with this exchange, and/or Rotary International, of any financial responsibility in case of accident, illness or death, except that furnished by any insurance policy provided under the Exchange (cost of insurance to be borne by parents),
- 3. It is important that said 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? Please explain.
- 4. Does said student have any health problems that might require medication or restrict any activities during this exchange? If so, please describe.
- 5. Some older students smoke and/or drink alcoholic beverages. So do some members of host families. Would you anticipate that this student would smoke Yes No or drink Yes No during this exchange?

Signatures: Please sign in BLUE INK!

FATHER:

**MOTHER:** 

WITNESS:

Student Paragraph: