

# Rotary



## District 6460 Youth Exchange

### Preliminary Application

Student's Name \_\_\_\_\_ Sex: M\_\_\_ F\_\_\_ NB\_\_\_

Preferred Name \_\_\_\_\_ Preferred Pronouns \_\_\_\_\_

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? (Student council, athletics, clubs, honors/awards, etc.)

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3. What are your hobbies or other accomplishments? (Arts, music, scouting, activities, etc.)

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4. What are your future ambitions and career plans?

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5. You may be asked to speak to Rotary Clubs or other organizations. Please list any experience speaking in front of large groups:

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

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7. What foreign language(s) do you speak or have you studied? Years studied each language:

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**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 club contact, please send to District 6460 Outbound Coordinator, Siri Engstrom [siriengstrom4@gmail.com](mailto:siriengstrom4@gmail.com).