

PRELIMINARY LONG TERM APPLICATION

STUDENT INSTRUCTIONS:

- This application must be TYPED. It is a PDF-fillable form. Handwritten applications will be rejected by the District RYE Committee.
- This application is to be printed single sided. Double sided applications will be rejected by the District RYE Committee.
- Do not staple or put into binders. Use a paper clip to keep the pages in proper order.
- Give the completed application to your local Rotary Club as per their instructions.
- If you do not have a designated Rotary Club, email ryeexecsec@rye5190.org for more information.

CLUB INSTRUCTIONS:

- After reviewing the application, sign page 5.
- Scan the signed PDF application and email to: ryeexecsec@rye5190.org or by US mail to RYE, PO Box 3510, Sparks, NV 89432.
- Do not staple or put into binders. Use a paper clip to keep the pages in proper order.

Submit the completed preliminary application to your local Rotary club as per their instructions.



Preliminary Application Questionnaire for Rotary District 5190 Youth Exchange This is a <u>fillable PDF</u>. Please use a computer to complete entries.

The following information is required to assist the Rotary District 5190 Youth Exchange committee in determining a prospective student's eligibility and suitability for spending one academic high school year abroad as a participant in Rotary International's Rotary Youth Exchange program. Information provided will be used solely for that purpose and will not be shared outside Rotary District 5190 Youth Exchange staff. Additional screening including interviews of students and parents will be followed by submission of the formal application. Medical and dental examinations will be a part of the formal application.

Student Information: Full legal name (*exactly* as on birth certificate and/or passport): Date of Birth: use format (dd/MON/yyyy, example: 6 /AUG/2007): **Email Address:** Home Street Address: City, State, Zip Code: Home Phone Number: Cell Phone Number: High School: High School Year (Check One): Freshman Senior Sophomore **Junior Biological Parent #1 Information:** Full Legal Name: Parent 1 Email Address: Home Street Address City, State ZIP Home Phone Number: Cell Phone Number: Employed (Check one)? N/A Full-time Part-time **Biological Parent #2 Information:** Full Legal Name: Parent 2 Email Address: Home Street Address: City, State ZIP Cell Phone Number: Home Phone Number: Employed (Check One)? Full-Time N/A Part-Time



Student Questions:

Q1: Are you ranked in the top half of your class, and/or do you have a GPA of 2.75 or higher?							
YES	NO						
Note : Student is required to submit an official school transcript covering the past 2 years (includes Junior high school if applicable) when the Final Long-Term Application is submitted.							
Q2: Have you taken an	y foreign language courses or speak a language other than English? If so, please explain.						
Medical Questions: Q3: Do you have any rechange? If so, please	nedical conditions or dietary restrictions that must be accommodated during your explain.						
Q4: Have you ever bee	n treated for ADHD, Depression, or Anxiety? Please explain or N/A if not applicable.						
Were you prescribed n	nedications for any of the above conditions? Please list or N/A if not applicable.:						
Do you still take prescr	ription medications for the above conditions? Which ones? Or N/A if not applicable.						
Do you consider the ab	pove conditions under control? Or N/A if not applicable.						
	dications for the above, how long did you take medications for the above n did you stop taking those medications? Or N/A if not applicable.						



Q5: COVID requirements are set by the host country government and host school districts overseas. Because the national policies for entry are so varied, all exchange students are required to be vaccinated before an exchange can be negotiated with a foreign country. Are you vaccinated and if not, when do you intend to become fully vaccinated?

Q6: Do you have the courage, aptitude, and adaptability to handle living with other families in a different culture, and handle the challenges with attending high school in a foreign country?

Parent Question	ıs:
-----------------	-----

Q7: Do the biological parents live together (Check one)?

YES

NO

If NO, is the reason divorce or one parent is deceased? Divorce Deceased Other

Q8: Answer Q8 only if answer to Q7 above is NO and reason is divorce

- Do biological parents have shared custody? YES NO
- Does the custodial parent have a divorce decree that awards full custody? YES NO

Q9: Do both parents support their son/daughter going overseas for an entire academic school year?

YES NO

Q10: Are there any legal issues with respect to parental rights that might adversely affect the student's ability to travel outside of the United States?

Q11: Does your son/daughter have the courage, aptitude, and adaptability to handle living with other families in a different culture, and handle the challenges with attending high school in a foreign country?



District 5190

Applicant Name	
----------------	--

Long-Term Exchange Program

Sponsor Club Endorsement – To Be Completed by the Sponsoring Rotary Club

S	ponsor Club Information	1								
Na	me of Sponsor Club									
Name of Sponsor Club Youth Exchange Officer				Name of Club Presiden	t or President Elect	President or Pres Elect				
	•									
Address — Postal				Address — Postal						
Cit	ty	State	Postal Code	City	State	Postal Code				
Но	ome Phone	Mobile Phone		Home Phone	Mobile Ph	ione				
110	ine i none	WODILE I HOHE		Home I none	Widdle	one				
Bu	siness Phone			Business Phone						
E-r	mail			E-mail						
1.	he Rotary Club of	on.		hat it has:						
2. 3.	Has interviewed the stud Feels that this student w			lor representing bot	h Rotary and th	e United States.				
Fu wi	rthermore, the club agrees	s that to sponso	or an outboun	d long term Rotary	Youth Exchang	e Student, the club				
1. 2.	 Host an inbound student. Have at least one member who will serve as the club Youth Exchange Officer and counselor, or the club will have one member who will serve as the club Youth Exchange Officer and one or more members who will serve as RYE counselor(s). And that these members will be fully approved by Rotary District 5190 RYE for their duties by April 1st the year following this application. 									
3.										
	Provide the inbound stud	dent with a moging for and co	onthly allowa	nce as per the Distri	ct 5190 RYE pr					
	Name Club Preside	ent	Signati	ure Club President	Date					
	Name Club YEO		Signate	ure Club YEO	Date					

Student Signature

Date

Student Name