



Rotary Youth Leadership Award

2016 RYLA Application

Application Instructions:

1. Use black ink fine point pen. **PRINT** clearly. Applications that cannot be read will be rejected.
2. Be sure to answer every question – If a questions doesn't apply, please answer "NA" not applicable.
3. Be sure to include the name of the Rotary club that is sponsoring/paying for your participation.
4. Before completing the application be sure to review information on the rotary website at www.rotarydistrict7470.org (2016 RYLA on the right side) especially frequently asked questions.
5. 2016 RYLA will be held at Drew University the weekend of June 17 – 19, 2016. The program is based on full participation from Friday, 4:30 pm to Sunday, 11:30 am. If you have any conflict that would require you to leave the program for any reason **DO NOT REGISTER**.
6. RYLA is specifically for high school Juniors.
7. Acceptance into the program is not complete until payment has been received from the sponsoring Rotary Club.
8. Additional questions contact RYLA registrar, information below.

Send or email completed application to:

Barry Kroll
RYLA Registrar
27 Laurel Way
Madison NJ 07940

Email: barrykroll@aol.com
Phone: 973-476-2772

Note: Email attachment must be either a word document (doc/docx) or PDF format



Rotary International

**District 7510 and 7470
2016 RYLA Application Form**

PRINT clearly use black ink fine point pen

Name of Sponsoring Rotary Club: _____

Student Information:

Student Last Name: _____ First Name: _____

Nickname: _____ Gender: Male Female

Home Address: _____

City, State, Zip: _____

Student Cell Phone: _____ - _____ - _____ Home Phone: _____ - _____ - _____

Primary Email Address: _____

Confirm Email Address: _____

What is your T-shirt size? S M L XL XXL

Do you have any physical or medical conditions that prevents you from actively participating in the RYLA?

No Yes Explain: _____

High School Information:

Name of High School: _____ Grade Level: _____

Location of High School (Town): _____

Guidance Staff Name (optional): _____

Parent or Guardian Information:

Father Name: _____ Emergency phone: _____

Mother Name: _____ Emergency phone: _____

Date: ____/____/____ Student Signature: _____

Send or email completed application and payment to:

Attn: Barry Kroll, RYLA Registrar, 27 Laurel Way, Madison NJ 07940

Email: barrykroll@aol.com

Phone: 973-476-2772

Note: Email attachment must be either a word document (doc/docx) or PDF format