

Sponsor District: _____



Rotary Youth Exchange

Long-Term Exchange Program

Section A: Personal Information

Page 1 of 3

Smile!

Provide a recent, good-quality color photo of yourself (head and shoulders). Make sure your entire head is fully visible. Do not include other people or props in the photo.

CLICK HERE TO INSERT THE PHOTO digitally into the document.

Size: 2 x 2½ in. (5 x 6.5 cm)

(Works best with **Acrobat Reader** or with **Adobe Acrobat**)

Before you begin your application, be sure to read *all instructions on the prior page.*

1. Applicant Information

Full Legal Name as on passport or birth certificate (<i>use uppercase for your FAMILY name; e.g. John David SMITH</i>)		Name You Wish to be Called		Male Female Non-Binary
Home Address – Street	City	State/Province	Postal Code	Country
Postal Address (<i>if different</i>) - Street	City	State/Province	Postal Code	Country
E-mail Address	Skype ID	Mobile Phone Number		
Place of Birth (<i>City, State/Province, Country</i>)	Citizen of (<i>Country</i>)	Date of Birth (YYYY-MM-DD)		

2. Parent/Legal Guardian Information

Full Name of Parent/Legal Guardian #1			Full Name of Parent/Legal Guardian #2		
Rotarian? Yes No	If yes, name of Rotary Club		Rotarian? Yes No	If yes, name of Rotary Club	
Address – Street	City		Address – Street	City	
State/Province	Postal Code	Country	State/Province	Postal Code	Country
Email-Address			Email-Address		
Occupation			Occupation		
Home Phone Number	Mobile Phone Number		Home Phone Number	Mobile Phone Number	
Business Phone Number	Skype ID		Business Phone Number	Skype ID	
In the event of an emergency, which parent or legal guardian should be contacted first (you must select one)? <input type="checkbox"/> Parent/Legal Guardian #1 <input type="checkbox"/> Parent/Legal Guardian #2			<input type="checkbox"/> Mark this box if your parents are divorced or separated. <i>Authorizations must be obtained from all parents/legal guardians and others who have legal rights to decisions affecting the student's participation. Explanation is required if signatures of two parents or legal guardians are not provided.</i>		

Applicant Name: _____



Sponsor District Number	Name of Sponsor District Youth Exchange Chair	E-mail Address
Sponsor Rotary Club	Name of Sponsor Club Youth Exchange Officer	E-mail Address

Religion (Identify by name or "None")	Dietary Restrictions (<i>Enter "None", or explain with details – e.g., vegetarian, vegan, allergic to...</i>)
Do you smoke or use tobacco products? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain.
Do you drink alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain.
Have you ever used illegal drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain.
Do you have a steady boy/girlfriend? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how will being abroad impact your relationship and how might the relationship impact your exchange experience?
Answering yes to these questions will not automatically eliminate you as a candidate; however, it may require special consideration of host family or country assignments.	

Relationship examples: "brother" "step-sister" "grandmother" "step-father" "foster brother" "niece" "cousin" etc.

[illegible]

Sponsor District: _____

Applicant Name: _____



Rotary Youth Exchange Long-Term Exchange Program

Section A: Personal Information

Page 3 of 3

6. Languages

Your Native Language(s)		Proficiency in Non-Native Language(s) (indicate Poor, Fair, Good, or Fluent)		
Non-Native Language(s) <small>If you have received a foreign language certificate (e.g. DELF, DELE etc.), please add a copy to this application form</small>	Years Studied	Speaking	Reading	Writing

7. Exchanges

Have you previously participated in any exchange? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>if yes, please explain in your student letter</i>	
---	--

8. Secondary School Information

Name of Secondary School You Currently Attend		School Phone Number		School Fax Number	
Address – Street		City	State/Province	Postal Code	Country
Maximum grade level in secondary schools	Your current grade level (e.g., 10 th , 11 th)	Month and year you expect to graduate		No. of years you've attended this school	
List the courses you are currently taking					
<i>Consult with a school official or guidance counselor to find out the following information:</i>					
Total number of students at your school	Number of students in your grade level		Your approx. class ranking (e.g., top 10%, 12 th of 56)		
Name and title of school official or counselor that you consulted			E-mail address of school official or counselor		
<i>In Section H-2, add a transcript, in English, of all secondary school courses completed with grades you received. Also include your most recent grade report from the current year.</i>					

9. Alternative Emergency Contact in home country, OTHER THAN A PARENT/GUARDIAN

Name		Relationship			
Home Address – Street		City	State/Province	Postal Code	Country
E-mail Address	Home Phone Number	Business Phone Number		Mobile Phone Number	



Rotary Youth Exchange – Long Term Exchange Program

Section B: Letters & Photos

Page 1 of 7

Student's Letter

Write a letter introducing yourself to your future host club and host families. Keep in mind that this will be their first impression of you. Incorporate your answers to the following questions in your letter, providing as much detail as possible (if you need help generating details, also consider the italicized questions in parentheses). Do not copy the questions. Please use these questions as a suggested guide for topics to include in your letter.

How to create your letter:

- I. Enter your letter on the following "Student's Letter" pages by keying in your text or using "copy and paste". Maximum length: 3 pages.*
- II. Use clear sentences that can be easily understood by your future hosts. Even if they understand English well, you should avoid abbreviations, idioms, contractions, slang and local jargon. If you include local names (company, store, town) you may need to provide additional information.*

1. What do you do when you have free time?
2. What you do at your school? *(How many subjects do you take? What are they? How long are the classes? What is your daily schedule during the school year? Start with when you wake-up and discuss only one typical day's schedule.)* Are you able to choose courses at your school? If so, which courses did you choose, and why?
3. What are your school interests and activities? What leadership positions have you held?
4. How would you describe your home? *(Do you have your own room, or do you share your room with others? Where in your house do you study? How far is your home from your school? Do you drive, ride a bus, or walk to school?)*
5. What are the occupations of your parents? *(What product or service does each make or perform? What is their position or title?)*
6. How would you describe your community? *(Is it in or near a major city? What is the population? industry? economy?)*
7. What are your interests and accomplishments? *(Are you interested in art, literature, music, sports, other activities? How did you become interested in the activity? How long have you been interested? How much time do you devote to the activity?)*
8. What trips have you taken outside your country? Tell us about your experience(s) abroad, if any:
9. What things do you dislike? *(Do you dislike certain foods, animals, treatment by other people etc.?)*
10. What do you feel are your strong and weak characteristics? What would you like to improve about yourself?
11. What are your plans and ambitions for your educations and career? Why?
12. If you have previously been on any exchange write about your experiences, the host country you went to and the length of your exchange.
13. What do you specifically hope to accomplish as an exchange student, both during your exchange and when you return?

Parent's Letter

Write a letter to your child's host club and families, incorporating answers to the following questions. Do not copy the questions, themselves.

How to create your letter:

- I. Enter your letter on the following "Parent's Letter" pages by keying in your text or using "copy and paste". Maximum length: 2 pages.*
- II. Use clear sentences that can be easily understood by non-native English readers. Even if they understand English well, you should avoid idioms, abbreviations, contractions, slang and local jargon. If you include local names (company, store, town) you may need to include other information.*

1. How would you describe your child's relationship with you and your family? with his/her friends?
2. How does your child react to disagreement, discipline, and frustration?
3. How does your child handle challenging or difficult situations?
4. What amount of independence do you give to your child? What is your child's level of maturity?
5. What makes you proud of your child?
6. Why do you want your child to be an exchange student?
7. Are there any other comments you would like to share with the host families?

Sponsor District: _____

Applicant Name: _____



Rotary Youth Exchange – Long Term Exchange Program

Section B: Student's Letter

Letters & Photos Page 2 of 7

Sponsor District: _____

Applicant Name: _____



Rotary Youth Exchange – Long Term Exchange Program

Section B: Student's Letter

Letters & Photos Page 3 of 7

Sponsor District: _____

Applicant Name: _____



Rotary Youth Exchange – Long Term Exchange Program

Section B: Student's Letter

Letters & Photos Page 4 of 7

Sponsor District: _____

Applicant Name: _____



Rotary Youth Exchange – Long Term Exchange Program

Section B: Parent's Letter

Letters & Photos Page 5 of 7

Sponsor District: _____

Applicant Name: _____



Rotary Youth Exchange – Long Term Exchange Program

Section B: Parent's Letter

Letters & Photos Page 6 of 7

Sponsor District: _____

Applicant Name: _____



Rotary Youth Exchange – Long Term Exchange Program

Section B: Photos

Letters & Photos Page 7 of 7

Student's Photos

Select a good quality color photograph for each topic below, and digitally insert each photo to this page. Include brief captions to describe the photos and remember you are leaving a FIRST IMPRESSION! (Digital insertion of photos works best with ADOBE ACROBAT or ADOBE READER)

MY FAMILY	MY SPECIAL INTEREST
<p>CLICK HERE TO INSERT</p> <p><i>Photo that includes members of your immediate family</i></p> <p><i>In the box beneath the photo, please enter a description that clearly identifies each person</i></p>	<p>CLICK HERE TO INSERT</p> <p><i>Photo of you participating in your favorite hobby or activity</i></p> <p><i>In the space beneath the photo, please describe your interest and how long you have participated.</i></p>
SOMETHING IMPORTANT TO ME	MY HOME
<p>CLICK HERE TO INSERT</p> <p><i>Photo of your friends, pet, musical instrument, etc.</i></p> <p><i>In the space beneath the photo, please describe what is shown and how or why it is important to you.</i></p>	<p>CLICK HERE TO INSERT</p> <p><i>Photo of your house or building where you live</i></p> <p><i>In the space beneath the photo, please describe your home, where it is located and how long you have lived there.</i></p>



Rotary Youth Exchange – Long-Term Exchange Program

Section C-1: Medical History & Examination

Page 1 of 3

Physician: This student is considering a year abroad as an exchange student. Insufficient, inadequate, or improper information about medications or psychiatric, psychological, or other medical problems could endanger the student's life while overseas. Allergy information is especially crucial to host family placement and student well-being. An immediate relative of the applicant may **not** complete the examination or fill out this form.

Use computer entry if possible. Consult Rotary Sponsor District Instructions for required copies and signatures. Print specified number of completed copies first for ink signatures on paper (if required). Electronic signature(s) may be applied last if both paper and electronic signatures are needed.

Full Legal Name as on passport or birth certificate (use uppercase for FAMILY name; e.g. John David SMITH)		Date of Birth (YYYY-MM-DD)		Male Female Non-Binary
Home Address – Street	City	State/Province	Postal Code	Country
E-mail Address		Home Phone Number	Mobile Phone Number	

Medical History

1. How long has the applicant been the patient of the physician?				
2. Has the applicant ever been diagnosed with or received treatment, attention, or advice from a physician or other practitioner for:				
a. Allergies	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n. Liver disease/hepatitis	Yes <input type="checkbox"/>
b. Anorexia/bulimia/other eating disorder*	<input type="checkbox"/>	<input type="checkbox"/>	o. Malaria	<input type="checkbox"/>
c. Appendicitis	<input type="checkbox"/>	<input type="checkbox"/>	p. Menstrual disorders	<input type="checkbox"/>
d. Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	q. Mental disorders*	<input type="checkbox"/>
e. Asthma	<input type="checkbox"/>	<input type="checkbox"/>	r. Pneumonia	<input type="checkbox"/>
f. Attention deficit disorder*	<input type="checkbox"/>	<input type="checkbox"/>	s. Rheumatic fever	<input type="checkbox"/>
g. Bowel problems	<input type="checkbox"/>	<input type="checkbox"/>	t. Serious headache/migraine	<input type="checkbox"/>
h. Cancer	<input type="checkbox"/>	<input type="checkbox"/>	u. Stomach ulcer	<input type="checkbox"/>
i. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	v. Typhoid fever	<input type="checkbox"/>
j. Epilepsy/seizures	<input type="checkbox"/>	<input type="checkbox"/>	w. Urinary tract infection	<input type="checkbox"/>
k. Hearing loss	<input type="checkbox"/>	<input type="checkbox"/>	x. Vertigo/dizziness	<input type="checkbox"/>
l. Heart disease	<input type="checkbox"/>	<input type="checkbox"/>	y. Visual correction – eyeglasses/contact lenses	<input type="checkbox"/>
m. Hernia	<input type="checkbox"/>	<input type="checkbox"/>	z. Visual problems – other	<input type="checkbox"/>
3. Has the applicant:			Yes	No
a. Had any surgical operation not revealed in question 2, or gone to a hospital, clinic, dispensary, or sanatorium for observation, examination, or treatment not revealed in question 2?			<input type="checkbox"/>	<input type="checkbox"/>
b. Taken any prescribed medication in the past six months?			<input type="checkbox"/>	<input type="checkbox"/>
c. *Presented any history or current evidence of nervous, emotional, or mental abnormality, functional nervous breakdown, nervous fatigue, depression, suicide attempts, eating disorders, or antisocial behavior?			<input type="checkbox"/>	<input type="checkbox"/>
d. Ever used heroin, cocaine, marijuana or other hallucinogens, amphetamines, or other street drugs?			<input type="checkbox"/>	<input type="checkbox"/>
e. Ever received treatment for or advice about a problem with alcohol or drug use, either from a physician/other practitioner or an organization that assists those who have an alcohol or drug problem?			<input type="checkbox"/>	<input type="checkbox"/>
f. Had excessive weight gain or loss recently?			<input type="checkbox"/>	<input type="checkbox"/>
g. Suffered chest pain, wheezing, shortness of breath, or fainting episodes?			<input type="checkbox"/>	<input type="checkbox"/>
h. Suffered chronic diarrhea, vomiting, abdominal pain, or constipation?			<input type="checkbox"/>	<input type="checkbox"/>
i. Exhibited chronic skin conditions (e.g., severe acne, eczema, psoriasis)?			<input type="checkbox"/>	<input type="checkbox"/>
j. Suffered weakness of neurological or muscular skeletal system?			<input type="checkbox"/>	<input type="checkbox"/>
k. Had any dietary restrictions? If yes, specify and note reason (medical, religious, personal choice):			<input type="checkbox"/>	<input type="checkbox"/>
If you answered "Yes" for any parts of questions 2 and 3, please explain (except non-medical dietary restrictions):				
<i>*Affirmative answers to questions 2b, 2f, 2q, and/or 3c require a letter of explanation from the treating physician</i>				
Question (e.g., 2e)	Nature and severity of disorder, diagnosis, frequency of attacks, prognosis, and treatment			Dates and duration



Rotary Youth Exchange – Long-Term Exchange Program

Section C-1: Medical History & Examination

Page 2 of 3

4. Indicate year when the applicant had the following infectious diseases (or indicate that he or she has not). Use Part 5 comments for other details.			
Measles (rubeola) <input type="checkbox"/> No <input type="checkbox"/> Yes, year _____	Mumps <input type="checkbox"/> No <input type="checkbox"/> Yes, year _____	Hepatitis (if so, see comments) <input type="checkbox"/> No <input type="checkbox"/> Yes, year _____	Whooping cough (pertussis) <input type="checkbox"/> No <input type="checkbox"/> Yes, year _____
Rubella (German measles) <input type="checkbox"/> No <input type="checkbox"/> Yes, year _____	Varicella (Chicken Pox) <input type="checkbox"/> No <input type="checkbox"/> Yes, year _____	Scarlet fever <input type="checkbox"/> No <input type="checkbox"/> Yes, year _____	Other: <input type="checkbox"/> No If Yes, explain: _____

5. Immunization Information <i>(may be completed by medical records, nursing or appropriate personnel and verified by physician)</i>							
Please provide or confirm a copy of the student's original immunization record(s) in addition to completing this information section. (See Section C-2.)							
The applicant has been immunized against the following diseases:	Dates of immunizations (clearly state the dates of ALL doses received – YYYY-MM-DD) <i>Immunizations are a prerequisite to school attendance in many locations. Requirements vary. The host country, host Rotary district and/or school may require additional immunizations.</i>						
	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th
Diphtheria							
Pertussis (whooping cough)							
Tetanus							
Rubella (German measles)							
Mumps							
Measles (rubeola)							
Polio Sabin TOPV (3 or more) Salk IPV (4 or more)							
Varicella (Chicken Pox/Shingles)							
Hepatitis B							
Hepatitis A							
Yellow Fever							
Japanese Encephalitis							
Meningococcal Meningitis							
Typhoid							
COVID-19 Manufacturer or Name:							
Others (specify):							
Additional comments: <i>(Examples: Other COVID-19 vaccine manufacturer(s) on later doses, hepatitis lab test results, other immunizations, vaccine adverse reactions)</i>							

6. Tuberculosis screening: The applicant must present evidence of recent (within 3 months) Mantoux/PPD skin test.
Date of screening (YYYY-MM-DD) _____ Result/diagnosis: _____. If a different test was administered or the applicant received a BCG vaccine, please explain methods and treatments used to obtain screening results:



Rotary Youth Exchange – Long-Term Exchange Program

Section C-1: Medical History & Examination

Page 3 of 3

7. Will the applicant be bringing any prescribed medication on the exchange? ☐ Yes ☐ No

If yes, please list each medication, including the international and generic names, compound symbols, dosage, frequency and reason for use:

Prescribed Medication	Dose/Frequency	Reason for Use

Physical Examination

Height: (cm)	Weight: (kg)	Blood Pressure: Sys. Dia. (mmHg)	Pulse rate/minute:
-----------------	-----------------	---	--------------------

8. Does today's examination show any abnormal findings for:

	Yes	No		Yes	No		Yes	No		Yes	No
Head and neck	<input type="checkbox"/>	<input type="checkbox"/>	Heart (murmur, pressure)	<input type="checkbox"/>	<input type="checkbox"/>	Extremities (muscular)	<input type="checkbox"/>	<input type="checkbox"/>	Abdomen (mass)	<input type="checkbox"/>	<input type="checkbox"/>
Ear, nose, throat	<input type="checkbox"/>	<input type="checkbox"/>	Hernias	<input type="checkbox"/>	<input type="checkbox"/>	Skeletal system	<input type="checkbox"/>	<input type="checkbox"/>	Rectal	<input type="checkbox"/>	<input type="checkbox"/>
Chest/lungs	<input type="checkbox"/>	<input type="checkbox"/>	Lymph nodes/breasts	<input type="checkbox"/>	<input type="checkbox"/>	Neurological	<input type="checkbox"/>	<input type="checkbox"/>	Skin	<input type="checkbox"/>	<input type="checkbox"/>
			Genitalia	<input type="checkbox"/>	<input type="checkbox"/>						

If yes, please provide detailed information on a separate page (typed or computer-generated with the applicant's full legal name and date of birth at the top of each page).

CERTIFICATION

I certify that I hold a valid current license to practice medicine and am not an immediate relative of the patient, and that I have personally examined the applicant and reported my findings as noted above and the attached page(s) (if additional pages are attached, please check here ☐).

I find the applicant:

- ☐ In good health and not suffering from any mental or medical condition(s) that would preclude participation in the Rotary Youth Exchange program.
- ☐ Suffering from mental or medical condition(s) as noted in my report that could impact his/her participation.

Additionally, I find the applicant in good health and not suffering from any condition(s) that would preclude participation in sporting/physical activities of the applicant's choice ☐ Yes ☐ No

Physician address, phone, fax and E-mail (type or stamp)	Physician Name (type or print)
	Physician Signature (ink on paper) or basic e-signature (using Fill & Sign); click only for digital signature
	Date (YYYY-MM-DD)

Parent and Applicant Declaration:

We/I hereby confirm:

- that the Medical Section C and Dental Section D include ALL the medical information known to us/me. Incomplete Medical or Dental Sections may lead to an early termination of the exchange.
- that the exchange student will be fully vaccinated according to the requirements of the receiving host country, host Rotary district or school.
- that if additional medical issues arise between the completion of this application form and the exchange departure date, sponsor and host districts will be notified immediately.
- I further authorize the Rotary Youth Exchange Officer, the Rotarian Counselor and/or the host parents to serve as my child's/my representative for the purpose of receiving medical information and communicating with medical providers about my child's/my medical condition.

Parent/Legal Guardian #1 Signature:	Applicant Signature:
Name:	Name:
Date:	Date:
Parent/Legal Guardian #2 Signature:	This form provides for authenticated digital signatures by clicking on signature fields. Basic electronic signatures are applied instead using Fill & Sign Tool without clicking on signature field. Leave signature fields empty to print and apply ink signature for scanned copies. Doing all signatures the same way is usually best, but ink and basic electronic signatures can be mixed. Follow RYE Sponsor District instructions regarding suitable signatures for this application.
Name:	
Date:	

Letter(s) of explanation from treating physician(s), if any, and separate pages for any abnormal physical findings are to be appended following this page.

(Use ONLY IF NEEDED)

TOP HALF PAGE

[Click Here to select file](#)
containing copy of
Student's Official
Immunization Record

(Works best Using Adobe Acrobat or Acrobat Reader)

If more pages needed, add separately

vvvvvvvvvv TO FILL FULL PAGE, CLICK GRAY AREA ACROSS MIDDLE OF PAGE vvvvvvvvvv

^^^^^^^^^^ TO FILL FULL PAGE, CLICK GRAY AREA ACROSS MIDDLE OF PAGE ^^^^^^^^^^

(Use ONLY IF NEEDED)

BOTTOM HALF PAGE

[Click Here to select file](#)
containing copy of
Student's Official
Immunization Record

(Works best Using Adobe Acrobat or Acrobat Reader)

If more pages needed, add separately

(Use ONLY IF NEEDED)

TOP HALF PAGE

Click Here to select file
containing copy of
Student's Official
Immunization Record

(Works best Using Adobe Acrobat or Acrobat Reader)

If more pages needed, add separately

vvvvvvvvvv TO FILL FULL PAGE, CLICK GRAY AREA ACROSS MIDDLE OF PAGE vvvvvvvvvv

^^^^^^^^^^ TO FILL FULL PAGE, CLICK GRAY AREA ACROSS MIDDLE OF PAGE ^^^^^^^^^^

(Use ONLY IF NEEDED)

BOTTOM HALF PAGE

Click Here to select file
containing copy of
Student's Official
Immunization Record

(Works best Using Adobe Acrobat or Acrobat Reader)

If more pages needed, add separately

Sponsor District: _____

Applicant Name: _____



Rotary Youth Exchange – Long-Term Exchange Program

Section D: Dental Health and Examination

Dentist: This student is considering a year abroad as an exchange student. Insufficient, inadequate, or improper information about the student's dental health, medications, or other problems could endanger this student while overseas. An immediate relative of the student may **not** complete the dental examination.

Use computer entry if possible. Consult Rotary Sponsor District Instructions for required copies and signatures. Print specified number of completed copies first for ink signatures on paper (if required). Electronic signature(s) may be applied last if both paper and electronic signatures are needed.

Full Legal Name as on passport or birth certificate (use uppercase for FAMILY name; e.g. John David SMITH)		Date of Birth (YYYY-MM-DD)		Male Female Non-Binary
Home Address – Street	City	State/Province	Postal Code	Country
Email Address	Home Phone Number		Mobile Phone Number	

Dental Examination

1. Is the applicant in good dental health?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Does the applicant require dental work at this time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Do you foresee the applicant requiring any dental work while abroad?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain below (use space at bottom or additional pages if needed):		

Enter any additional comments below. (If additional pages are necessary, attach them and please check here ☐)

CERTIFICATION

I certify that I hold a valid current license to practice dentistry and am not an immediate relative of the patient, and that I have personally examined the applicant and reported my findings as noted herein.

Dentist address, phone, and fax (type or stamp)	Dentist Name (type or print)
	Dentist Signature (ink on paper) or basic e-signature (using Fill & Sign); click only for digital signature
	Date (YYYY-MM-DD)

Rotary Youth Exchange – Long-Term Exchange Program

Section E: Endorsements-Sponsor Club; Guarantees-Student & Parents

Full Legal Name as on passport or birth certificate <i>(use uppercase for your FAMILY name; e.g., John David SMITH)</i>		Name You Wish to be Called		Male Female Non-Binary
Home Address - Street	City	State/Province	Postal Code	Country
Postal Address <i>(if different)</i> - Street	City	State/Province	Postal Code	Country
E-mail Address	Skype ID		Mobile Phone Number	
Place of Birth <i>(City, State/Province, Country)</i>	Citizen of <i>(Country)</i>		Date of Birth <i>(YYYY-MM-DD)</i>	

(A) APPLICANT GUARANTEE: I, the applicant named above, agree to do the following: (1) Purchase round-trip air travel before I depart my home country; (2) abide by the rules and decisions of the program, accepting advice and supervision of my hosts; (3) attend all orientations and trainings offered by my sponsor and host districts and clubs; (4) not request permission to stay in my host country, and (5) return home after completion of my exchange.

(B) PARENT/LEGAL GUARDIAN GUARANTEE: We, the parents/legal guardians of the above applicant agree to do the following: (1) Pay all costs of transportation, passport and visa; (2) pay costs for health and accident or travel insurance, as per program rules; (3) pay for clothing for the applicant's welfare and any uniforms required; (4) pay additional costs as circumstances arise, e.g., provide an emergency fund, if required by host district, under control of the host Rotary club/district to be returned at completion of the exchange if not used; (5) attend orientation meetings; (6) abide by program rules and follow host district policy on visiting the applicant while he/she is abroad.

The Undersigned APPLICANT and PARENT/GUARDIANS hereby agree to the Applicant's and Parents'/Guardians' Guarantee (A and B) and that the applicant is permitted to travel to the host district, live with approved families for up to one year, and attend secondary school. They hereby also authorize the host district to receive all necessary documents regarding application for visa.

e-Signature (Applicant) (or ink on paper)	Home Phone Number		Date <i>(YYYY-MM-DD)</i>
e-Signature of Parent/Legal Guardian #1 (or ink on paper)	Date <i>(YYYY-MM-DD)</i>	Mobile Phone Number	E-mail
e-Signature of Parent/Legal Guardian #2 (or ink on paper)	Date <i>(YYYY-MM-DD)</i>	Mobile Phone Number	E-mail
Witness Name: Sponsor Rotary Club member e-signature (or ink on paper)	Date <i>(YYYY-MM-DD)</i>	Mobile Phone Number	E-mail

(C) SPONSOR CLUB AND DISTRICT ENDORSEMENT

The Rotary Club and Rotary District specified within this section, having interviewed the applicant and his/her parents/legal guardians and having reviewed the student's application and related documents, hereby endorse the student as qualified for Rotary Youth Exchange and recommend to host clubs and host districts the acceptance of this student. The District agrees to provide adequate orientation to the student and parents before the student's departure.

Sponsor District #		Sponsor Club Name		Sponsor Club ID #	
Name of District Youth Exchange Chair		Name of Sponsor Club President		Name of Sponsor Club Youth Exchange Officer	
Street Address of District Youth Exchange Chair		Street Address of Sponsor Club President		Street Address of Sponsor Youth Exchange Officer	
City, State/Province, Postal Code of District YE Chair		City, State/Province, Postal Code of Sponsor Club President		City, State/Province, Postal Code of Sponsor Club YEO	
E-mail Address of District Youth Exchange Chair		E-mail Address of Sponsor Club President		E-mail Address of Sponsor Youth Exchange Officer	
e-Signature of District YE Chair (or ink on paper)		e-Signature of Sponsor Club President (or ink on paper)		e-Signature of Sponsor Club YE Officer (or ink on paper)	
Date <i>(YYYY-MM-DD)</i>	Home Phone Number	Date <i>(YYYY-MM-DD)</i>	Home Phone Number	Date <i>(YYYY-MM-DD)</i>	Home Phone Number
Mobile Phone Number	Business Phone Number	Mobile Phone Number	Business Phone Number	Mobile Phone Number	Business Phone Number
Skype ID for District Youth Exchange Chair		Skype ID for Sponsor Club President		Skype ID for Sponsor Club Youth Exchange Officer	

Sponsor District: _____

Applicant Name: _____



Rotary Youth Exchange – Long-Term Exchange Program

Section F: Endorsements-Host Club, District & School (Guarantee Form / Visa Application Supporting Document)

Full Legal Name as on passport or birth certificate (<i>use uppercase for your FAMILY name; e.g., John David SMITH</i>)		Name You Wish to be Called	Male Female Non-Binary
Place of Birth (<i>City, State/Province, Country</i>)	Citizen of (<i>Country</i>)	Date of Birth (YYYY-MM-DD)	

(A) HOST CLUB AND DISTRICT GUARANTEE

The Rotary Club and Rotary District specified within this section will provide room and board in approved homes, provide up to one year of study at the secondary school level, invite the applicant to participate in Rotary club and district events and activities typical of the host country, and provide guidance and supervision to assure the applicant's welfare. The host Rotary club will also give the applicant a monthly allowance as specified below. The host Rotary District agrees to ensure appropriate screening, selection, and training for host families and Youth Exchange volunteers and orientation for the student upon his/her arrival.

Host Country		Host Club Name			Host Club ID #	
Host District #	Monthly Allowance	Final Arrival Airport in Host Country		Airport Code	Arrival Date(s)	
Name of District Youth Exchange Chair		Name of Host Club President			Name of Host Club Youth Exchange Officer	
Signature of Host District Youth Exchange Chair		Signature of Host Club President			Signature of Host Club Youth Exchange Officer	
Date (YYYY-MM-DD)	Home Phone Number	Date (YYYY-MM-DD)	Home Phone Number	Date (YYYY-MM-DD)	Home Phone Number	
Skype ID	Mobile Phone Number	Skype ID	Mobile Phone Number	Skype ID	Mobile Phone Number	
E-mail Address of District Youth Exchange Chair		E-mail Address of Host Club President			E-mail Address of Host Club Youth Exchange Officer	

(B) HOST CLUB COUNSELOR

Name			E-mail Address			
Address - Street		City		State/Province	Postal Code	Country
Home Phone Number	Business Phone Number		Mobile Phone Number		Skype ID	

(C) SCHOOLING GUARANTEE

(To be completed by the school the applicant will attend in host country.) The applicant will attend school from date of school start for one school year. Costs of tuition and activities not a part of the normal curriculum must be paid by the applicant or his/her parents/guardians.

Name of School		Phone Number		Fax Number		Date School Starts (YYYY-MM-DD)	
Address - Street		City		State/Province	Postal Code	Country	
Affix School's Stamp or Official Seal		Name of School Official		Title		Signature of School Official	
		E-mail Address			Date (YYYY-MM-DD)		

(D) FIRST HOST FAMILY

Name of Host Parent #1		Host Parent #1's E-mail Address		Business Phone		Mobile Phone	
Name of Host Parent #2		Host Parent #2's E-mail Address		Business Phone		Mobile Phone	
Host Family Home Address - Street		City		State/Province	Postal Code	Country	
Home Phone Number	Names and Ages of any Other Adults (18 years of age or older) in the Home						

HOST DISTRICT: Please return at least _____ originals of the completed Endorsements/Guarantee Forms to:

Sponsor District/Multidistrict/Country Contact:

--	--



Rotary Youth Exchange – Long-Term Exchange Program

Section G: Rules, Attestations, Permissions, Releases & Consents

As a Youth Exchange student sponsored by a Rotary club or district, you must agree to the following rules and conditions of exchange. Violation of any of these rules may result in dismissal from the program and immediate return home, at student's expense. Please note that districts may edit this document or insert additional rules if needed to account for local conditions.

Rules and Conditions of Exchange

- 1) You must obey the laws of the host country. If found guilty of violating any law, you can expect no assistance from your sponsors or native country. You must return home at your own expense as soon as released by authorities.
- 2) You will be under the host district's authority while you are an exchange student and must abide by the rules and conditions of exchange provided by the host district. Parents or legal guardians must not authorize any extra activities directly to you. Any relatives you may have in the host country will have no authority over you while you are in the program.
- 3) You are not allowed to possess or use illegal drugs. Legal medications that are prescribed to you by a physician are allowed.
- 4) The illegal drinking of alcoholic beverages is expressly forbidden. Students who are of legal age should refrain. If your host family offers you an alcoholic drink, it is permissible to accept it under their supervision in the home. Excessive consumption and drunkenness is forbidden.
- 5) You may not operate a motorized vehicle, including but not limited to cars, trucks, motorcycles, aircraft, all-terrain vehicles, snowmobiles, boats, and other watercraft, or participate in driver education programs.
- 6) Smoking is discouraged. If you state in your application that you do not smoke, you will be held to that position throughout your exchange. Your acceptance and host family placement is based on your signed statement. Under no circumstances are you to smoke in your host family's bedrooms.
- 7) Body piercing or obtaining a tattoo while on your exchange, without the express written permission of your natural parents, host parents, host club, and host district, is prohibited, for health reasons.
- 8) You must make every effort to learn the language of the host country, and may be responsible for any costs for tutoring, language camps, or other instruction.
- 9) Limit your use of the Internet and mobile phones, as directed by your host district, host club, and host family. Excessive or inappropriate use is not acceptable. Accessing or downloading pornographic material is expressly forbidden.
- 10) You must attend school regularly and make an honest attempt to succeed.
- 11) You must have health and accident or travel insurance that provides coverage for accidental injury and illness, death benefits (including repatriation of remains), disability/dismemberment benefits, emergency medical evacuation, emergency visitation expenses, 24-hour emergency assistance services, and legal services, in amounts satisfactory to the host Rotary club or district in consultation with the sponsor Rotary club or district, with coverage from the time of your departure from your home country until your return.
- 12) You must also have liability coverage through a travel insurance or other applicable policy, in amounts satisfactory to the host Rotary club or district in consultation with the sponsor Rotary club or district.
- 13) You must have sufficient financial support to assure your well-being during your exchange. Your host district may require a contingency fund for emergency situations. Unused funds will be returned to you or to your parents or legal guardians at the end of your exchange.
- 14) You must follow the travel rules of your host district. Travel is permitted with host parents or for Rotary club or district functions authorized by the host Rotary club or district with proper adult chaperones. The host district and club, host family, and your parents or legal guardians must approve any other travel in writing, thus exempting Rotary of responsibility and liability.
- 15) You must return home directly by a route mutually agreeable to your host district and your parents or legal guardians.
- 16) Any costs related to an early return home or any other unusual costs (language tutoring, tours, etc.) are the responsibility of you and your parents or legal guardians.
- 17) Visits by your parents or legal guardians, siblings, or friends while you are on exchange may only take place with the host club's and district's consent and within their guidelines. Typically, visits may be arranged only in the last quarter of the exchange or during school breaks and are not allowed during major holidays.
- 18) Serious romantic activity is to be avoided. Sexual activity is forbidden.
- 19) Talk with your host club counselor, host parents, or other trusted adult if you encounter any form of abuse or harassment.

Recommendations for a Successful Exchange

- 1) You should communicate with your first host family prior to leaving your home country. The family's information will be provided to you by your host club or district prior to your departure.
- 2) Respect your host's wishes. Become an integral part of the host family, assuming duties and responsibilities normal for a student of your age or for children in the family.
- 3) Learn ahead of time as much of the language of your host country as possible and use the language regularly. Teachers, host parents, Rotary club members, and others you meet in the community will appreciate the effort. It will go a long way in your gaining acceptance in the community and with those who will become lifelong friends.
- 4) Attend Rotary-sponsored events and host family events and show an interest in these activities. Volunteer to be involved; do not wait to be asked. Lack of interest on your part is detrimental to your exchange and can have a negative impact on future exchanges.
- 5) Get involved in your school and community activities. Plan your recreation and spare-time activities around your school and community friends. Don't spend all your time with other exchange students. If there is a local Interact club, you are encouraged to join in.
- 6) Choose friends in the community carefully. Ask for and heed the advice of host families, counselors, and school personnel in choosing friends.
- 7) Do not borrow money. Pay any bills promptly. Ask permission to use the family phone or computer, keep track of all calls and time on the Internet, and reimburse your host family each month for the costs you incur.
- 8) If you are offered an opportunity to go on a trip or attend an event, make sure you understand any costs you must pay and your responsibilities before you go.



Rotary Youth Exchange – Long-Term Exchange Program

Section G: Rules, Attestations, Permissions, Releases & Consents

Statement of Conduct for Working with Youth

Rotary International strives to create and maintain a safe environment for all youth who participate in Rotary activities. To the best of their ability, Rotary members, their partners, and other volunteers must safeguard the children and young people with whom they come into contact and protect them from physical, sexual, and psychological abuse.

Adopted by the Rotary International Board of Directors, October 2019

ATTESTATIONS AND AGREEMENT TO PROGRAM RULES AND CONDITIONS

As the undersigned applicant and undersigned parents or legal guardians of the applicant, we hereby state that we have read and understood the Program Rules and Conditions of Exchange. Should I, as a student, be selected for an exchange, I agree to abide by these rules and others imposed on me with due notice during my time as an exchange student in the host country.

We attest that we have read and understand the Statement of Conduct for Working with Youth. We understand that all Rotarians and host families are expected to have read and understand this statement as well.

I understand that, if selected for an exchange, I will be provided with training and written material on abuse and harassment and that this information will include the contact information of the person I should contact if I encounter any form of abuse or harassment.

The undersigned applicant attests that I am of good health and character, understand the importance of the role of a youth ambassador as a Rotary Youth Exchange student, and will, to the best of my ability, maintain the high standards required of a Rotary Youth Exchange student should I be chosen to represent my sponsor Rotary club and district, school, community, state/province, and country. I further state that all the material contained in this application and the attached documents are true and accurate to the best of my knowledge.

Applicant (full legal name)	Date (YYYY-MM-DD)	e-Signature (or ink on paper) - click only for digital signature
Parent/Legal Guardian #1 (full legal name)	Date (YYYY-MM-DD)	e-Signature (or ink on paper) - click only for digital signature
Parent/Legal Guardian #2 (full legal name)	Date (YYYY-MM-DD)	e-Signature (or ink on paper) - click only for digital signature
Witnessed in the presence of Sponsor Club/District Representative (name and title)	Date (YYYY-MM-DD)	e-Signature (or ink on paper) - click only for digital signature

LIMITED RELEASE OF LIABILITY AND COVENANT TO COLLECT DAMAGES ONLY FROM APPLICABLE INSURANCE

We fully understand the nature of being an exchange student and the risk of injury or loss of property associated with an exchange. We understand that these risks are likely greater than they would be if a student were living in his or her home country.

IN CONSIDERATION of the acceptance and participation of the applicant in the Rotary Youth Exchange Program, we hereby release and agree to defend, hold harmless, indemnify, and covenant not to collect damages from:

- Rotary International (including all members, officers, directors, committee members, chaperones, and employees of Rotary International);
- The host and sponsor Rotary Club and Rotary District (including all members, officers, directors, committee members, chaperones, and employees of the host and sponsor Rotary clubs and districts; and
- All host parents and members of their families (collectively "RYE program")

for those **damages that are over above those covered by applicable insurance policies** from any or all liability for any loss, property damage, personal injury, or death, including any liability that may arise out of any negligent act or omission, which may be suffered or claimed by the applicant, parent, or guardian during (or as a result of) the participation by the applicant in the Rotary Youth Exchange program, including travel to and from the host country. We understand that the RYE Program **shall remain responsible for any damages caused by its negligence to the extent of any applicable insurance.**

Applicant (full legal name)	Date (YYYY-MM-DD)	e-Signature (or ink on paper) - click only for digital signature
Parent/Legal Guardian #1 (full legal name)	Date (YYYY-MM-DD)	e-Signature (or ink on paper) - click only for digital signature
Parent/Legal Guardian #2 (full legal name)	Date (YYYY-MM-DD)	e-Signature (or ink on paper) - click only for digital signature
Witnessed in the presence of Sponsor Club/District Representative (name and title)	Date (YYYY-MM-DD)	e-Signature (or ink on paper) - click only for digital signature



Rotary Youth Exchange – Long-Term Exchange Program

Section G: Rules, Attestations, Permissions, Releases & Consents

PERMISSION FOR MEDICAL CARE AND RELEASE OF MEDICAL RECORDS AND LIABILITY

We, the parents/legal guardians of the applicant, and I, the applicant, HEREBY AUTHORIZE the release of medical information on application pages 'Section C: Medical History and Examination,' acquired in the course of the examinations by the physician and the dentist.

We, the parents/legal guardians of the applicant, and the applicant, if of legal age, who have the sole and legal right to make the decisions on the health and care of the applicant, do release from liability and grant permission as noted of the following while our son/daughter/ward is overseas as a Rotary Youth Exchange student:

- In the event of accident or sickness, we/I authorize any Rotarian, authorized chaperones of Rotary activities, and/or host parent(s) of student to select the appropriate medical facility and physician(s)/dentist(s) to provide treatment.
- In the event of accident or sickness, we/I authorize treating medical providers to release personal health information to any Rotarian, authorized chaperones of Rotary activities, and/or host parent(s) of student to the extent necessary to decide whether to consent to medical or dental treatment. This authorization is intended to release confidential medical information that might otherwise be protected by applicable medical confidentiality laws.
- We/I give permission for any operation, administration of anesthetic, or blood transfusion that a medical practitioner may deem necessary or advisable for the treatment of our son/daughter/ward.
- We/I further consent to any medical or surgical treatment by a licensed physician, surgeon, or dentist that might be required by our son/daughter/ward for any emergency situation. We do request that we be notified as soon as possible, but emergency treatment need not be delayed to provide such notice.
- Permission is granted for immunizations required for school registration.
- In the case of elective surgery, we/I request that we/I be notified and our permission obtained before such arrangements are made.

We agree to hold harmless Rotary International, any Rotary district, Rotary club, Rotarian, Rotary chaperone, or host family for any intervention in an emergency situation regardless of final outcome.

We agree to assume all financial obligations for any medical treatment rendered (whether or not covered by insurance)

Applicant (full legal name)	Date (YYYY-MM-DD)	e-Signature (or ink on paper) - click only for digital signature
Parent/Legal Guardian #1 (full legal name)	Date (YYYY-MM-DD)	e-Signature (or ink on paper) - click only for digital signature
Parent/Legal Guardian #2 (full legal name)	Date (YYYY-MM-DD)	e-Signature (or ink on paper) - click only for digital signature
Witnessed in the presence of Sponsor Club/District Representative (name and title)	Date (YYYY-MM-DD)	e-Signature (or ink on paper) - click only for digital signature

Instructions: Regardless of the age of the student, this form should be signed by the exchange student and by both of his or her parents. If a parent does not have custody of the student and a legal guardian does, then the form should be signed by the legal guardian. A step parent needs to sign the form only if the step parent has adopted the student or has been appointed legal guardian of the student. This applies to all signature blocks, not only in this Section, but elsewhere in this Application Form,



Rotary Youth Exchange – Long-Term Exchange Program

Section G: Rules, Attestations, Permissions, Releases & Consents

Rotary Youth Exchange Application Privacy Statement

If you are accepted into the long-term Rotary Youth Exchange program, this application and the information contained within will be shared with relevant Rotary entities including your sponsoring club and home district plus the district and club that will be hosting your exchange, according to the policies of these Rotary-certified sponsoring and hosting districts. This information may also be shared with others involved with conducting the program, including exchange counselors and host parents. Any personal data shared will be processed in accordance with all applicable laws.

Personal data will be processed only by authorized youth exchange officials. Your application will be secured and protected. When sharing any information from this application, only the portions which are appropriate and necessary will be provided to your host school, your medical providers and dentists, Rotary counselor(s), program coordinators and host parents.

Personal data will be retained only as long as needed to conduct the exchange program. This will include a temporary period after the conclusion of your exchange for administrative purposes such as complying with data retention requirements of applicable law; assembling district and regional exchange program summary reports and statistical tallies; completion of certification audits; and post-exchange follow-up communications for program evaluation. No sooner than two (2) years and no later than five (5) years following the originally-scheduled conclusion of your exchange, unless separately consented otherwise, your personal records will be destroyed according to the policies or practices of your sponsoring and hosting districts including paper shredding and/or purging of electronic data in compliance with the laws and regulations applicable for each participating location.

Students may request correction or deletion of personal data using the same contact information provided for submitting this application or by contacting the youth exchange chairperson for the applicable Rotary sponsor or host district.

Rotary International ("RI"), headquartered in Evanston, Illinois, USA, is the global organization that charters Rotary clubs. RI certifies Rotary Districts meeting standards for participation in youth exchange programs. RI will not receive a copy of this application.

CONSENT TO USE OF PERSONAL DATA

I acknowledge that before beginning this application I was provided the above application privacy statement and translation, if needed, which I have read and understand. I consent that my personal data including medical information may be collected, used and disclosed in compliance with local privacy laws by relevant Rotary entities as described above and including any sponsoring and hosting Rotary Youth Exchange Multidistricts as needed to: verify my eligibility; coordinate my exchange with international exchange partners, schools, and government agencies; and to facilitate my participation in Rotary Youth Exchange activities at home and abroad.

Applicant (full legal name)	Date (YYYY-MM-DD)	e-Signature (or ink on paper) - click only for digital signature
Parent/Legal Guardian #1 (full legal name)	Date (YYYY-MM-DD)	e-Signature (or ink on paper) - click only for digital signature
Parent/Legal Guardian #2 (full legal name)	Date (YYYY-MM-DD)	e-Signature (or ink on paper) - click only for digital signature

BASIC CONSENT REGARDING IMAGES AND RECORDINGS

I consent to anyone associated with the Rotary Youth Exchange program including Rotary members, host family members, and agents of the program ("Rotary") recording my voice and image by any means ("Recordings"). I understand Recordings may include audio, video or still photos.

I grant free of charge the right for Rotary to use Recordings depicting my image or voice in e-mails, newsletters or youth exchange program promotions including those shared by websites or social media. I understand that laws vary by country with regard to consents or releases for use of Recordings and that my sponsoring and hosting Rotary districts may or may not each provide relevant local policies, or request other consents or releases, either as part of this application or separately at a later date.

Applicant (full legal name)	Date (YYYY-MM-DD)	e-Signature (or ink on paper) - click only for digital signature
Parent/Legal Guardian #1 (full legal name)	Date (YYYY-MM-DD)	e-Signature (or ink on paper) - click only for digital signature
Parent/Legal Guardian #2 (full legal name)	Date (YYYY-MM-DD)	e-Signature (or ink on paper) - click only for digital signature

Sponsor District: _____

Applicant Name: _____



Rotary Youth Exchange – Long-Term Exchange Program

Section H-1: Secondary School Personal Reference (this page only)

Student: Complete the top section of this form. As your reference, select a teacher or administrator familiar with your abilities and accomplishments at school. Then do **one** of these two options (depending on resources and if an e-mail address is provided at the bottom of this page for submitting the form):

1. **E-mail this page** to your reference to be completed for submission to Rotary as an e-mail attachment (with e-Signature or scanned with ink signature).
2. **OR** Print this page and give to your reference with a pre-addressed postage-paid envelope to the mail address shown at the bottom of this page. By so doing, you give permission for that individual to release this information to the Rotary club/district Youth Exchange committee for their review.

Applicant's Full Legal Name (use uppercase for FAMILY name; e.g. John David SMITH)	Date of Birth (YYYY-MM-DD)	Grade	Male Female Non-Binary
--	----------------------------	-------	------------------------------

Evaluator: This student is applying for a one-year educational study abroad program under Rotary club/district sponsorship. Please complete and sign this form within seven days of receipt. The information you submit will not be revealed to the student, unless required by law.

How long have you known this student?

In what capacity do you know this student?

1. Ratings

Area	Excellent	Good	Average	Below Average	No Basis to Rate
Creative, original thought	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independence, initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Openness to new ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility, adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to communicate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential for growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disciplined habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Do you believe the applicant has the ability, work habits, character traits, and flexibility to succeed in an unfamiliar environment that will include learning a foreign language? ☐ Yes ☐ No

3. Do you believe the applicant's parents/legal guardians support the wish to spend time abroad? ☐ Yes ☐ No ☐ Not Sure

4. Please use the comments box (below), if necessary, to explain your answers to questions 2 and 3, to provide any other comments on the applicant's suitability as an exchange student and cultural ambassador.

RECOMMENDATION

In reference to this Applicant's candidacy as a future Rotary Youth Exchange student, I (check one)

☐ Strongly Recommend ☐ Recommend ☐ Have No Opinion ☐ Do Not Recommend ☐ Strongly Do Not Recommend

Explanations or additional comments (optional):

Name		Title		e-Signature (or ink on paper)		Signature Date (YYYY-MM-DD)	
Name of School			Phone		E-mail		

DO NOT RETURN THIS FORM TO THE STUDENT APPLICANT.

END OF SECTION H-1

Form return
instructions:

[Click Here to select file](#)
containing copy of
Student's School Transcript

(Works best Using Adobe Acrobat or Acrobat Reader)

OPTIONAL SECOND PAGE

[Click Here to select file](#)
containing copy of page 2 of
Student's School Transcript

(USE ONLY IF NEEDED)

Transcripts for the most recent years of study are sufficient.

(Works best Using Adobe Acrobat or Acrobat Reader)

Sponsor District: _____

Applicant Name: _____



Rotary Youth Exchange – Long Term Exchange Program
Section P: Passport/Birth Certificate

[Click Here to select file](#)
containing scanned copy
or good quality image of
Student's Passport
(Photo page with Passport Number)

If no Passport yet obtained use
Birth Certificate.

(Works best Using Adobe Acrobat or Acrobat Reader)

Applicant Name: _____



Sec.	Application Component	
A	Personal Information pages completed with photo digitally inserted	<input type="checkbox"/>
B	Letters & Photos completed , with 4 photos digitally inserted	<input type="checkbox"/>
C-1	Medical History & Examination completed and signed by physician, parents and applicant. <i>Letter(s) of explanation and other additional pages, if any, should be appended following physician signature page.</i>	<input type="checkbox"/>
C-2	Copies of Original Vaccination Record(s) digitally inserted .	<input type="checkbox"/>
D	Dental Health and Examimation completed and signed by dentist	<input type="checkbox"/>
E	Endorsements-Sponsor Club, Student & Parents completed and signed by all persons	<input type="checkbox"/>
F	Endorsements-Host Club, District & School top of form completed , remainder left blank	<input type="checkbox"/>
G	Rules, Attestations, Permissions, Releases & Consents signed by student and parents/legal guardians	<input type="checkbox"/>
H-1	Secondary School Personal Reference form and pre-addressed stamped envelope given to your teacher or administrator (do not submit Section H-1 with your application).	<input type="checkbox"/>
H-2	Copy of school transcript (with translation into English if transcript is in another language)	<input type="checkbox"/>
P	Passport/Birth Certificate: Copy of passport (valid at least 6 months beyond the estimated end of exchange) or birth certificate (if valid passport is not available)	<input type="checkbox"/>
Additional Forms Required by Sponsor District (if any)		
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

Good luck!