



District _____
Long-Term Exchange Program

Personal Information

Before you begin your application, please read all instructions on the opposite page.

Smile!

Attach a recent, good-quality color photo of yourself (head and shoulders). Original photos or color copies must accompany all four sets of the application.
 Size: 2 x 2½ in. (5 x 6.5 cm)

1. Applicant Information

Full Legal Name as it appears on passport or birth certificate (use all capital letters for your FAMILY name)		Preferred Name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address — Street			
City	State/Province	Postal Code	Country
Postal Address (if different) — Street			
City	State/Province	Postal Code	Country
Home Phone	Mobile Phone	E-mail	
Date of Birth (e.g., 01/Jan/1999)	Place of Birth (City, State/Province, Country)		Citizen of (Country)

2. Parent/Legal Guardian Information

Full Name of Father/Legal Guardian				Full Name of Mother/Legal Guardian			
Address — Street				Address — Street			
City	State/Prov.	Postal Code	Country	City	State/Prov.	Postal Code	Country
E-mail				E-mail			
Home Phone		Mobile Phone		Home Phone		Mobile Phone	
Occupation				Occupation			
Business Phone		Fax		Business Phone		Fax	
Rotarian? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of Rotary club:				Rotarian? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of Rotary club:			

Check here if your parents are divorced or separated. Authorizations should be obtained from **all** parents/legal guardians and others who have legal rights to decisions affecting the student's participation.

Parent/legal guardian to contact first in the event of an emergency:

3. Siblings (add pages as necessary)

Name	Gender	Age	Occupation	Living at Home
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant Name	
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4. Personal Background

a. Do you have any dietary restrictions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please explain (e.g., vegetarian, food allergies):
b. Do you smoke?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes for 4b, 4c, or 4d, please explain:
c. Do you drink alcohol?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
d. Have you ever been involved with illegal drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Answering yes will not automatically eliminate you as a candidate; however, it may require special consideration of host family assignments.

5. Secondary School Information

Name of Secondary School you currently attend		<i>Attach a transcript of secondary school courses you have completed and the grades you received in the last completed year of school. The transcript must be in English.</i>	
Address — Street			
City	State/Province	Postal Code	Country
Phone	Fax	E-mail	
Number of grades/levels at your school		Year you will finish secondary school	Years of school attended

6. Languages

Native Language:				
		Proficiency (indicate Poor, Fair, Good, or Fluent)		
Non-native Language(s)	Years Studied	Speaking	Reading	Writing

7. Sponsor District and Club Contacts

Name of Sponsor District Youth Exchange Chair				Name of Sponsor Club Youth Exchange Officer			
Address — Street				Address — Street			
City	State/Province	Postal Code	Country	City	State/Province	Postal Code	Country
Home Phone		Mobile Phone		Home Phone		Mobile Phone	
Business Phone		Fax		Business Phone		Fax	
E-mail				E-mail			



District _____

Applicant Name _____

Long-Term Exchange Program

Guarantee Form

Full Legal Name as it appears on passport or birth certificate (use all capital letters for your FAMILY name)					Gender
					<input type="checkbox"/> M <input type="checkbox"/> F
Home Address — Street		City	State/Prov.	Postal Code	Country
Postal Address (if different) — Street		City	State/Prov.	Postal Code	Country
Home Phone		Mobile Phone		E-mail	
Date of Birth (e.g., 01/Jan/1999)		Place of Birth (City, State/Province, Country)		Citizen of (Country)	
Sponsor Rotary District		Host Rotary District	Host Country	Arrival Airport in Host Country	

(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; and (4) not request permission to stay in my host country, and return home after completion of my exchange.

(B) PARENT/LEGAL GUARDIAN GUARANTEE We, the parents/legal guardians of the above named applicant, agree to do the following: (1) Pay all costs of transportation, passport, and visa; (2) pay costs for health and accident insurance; (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 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 **PARENTS/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.

Signed (Applicant)			Date (e.g., 01/Jan/2006)		
Signed (Father/Guardian)		Date (e.g., 01/Jan/2006)	Home Phone	E-mail	
Signed (Mother/Guardian)		Date (e.g., 01/Jan/2006)	Home Phone	E-mail	
Witness (Sponsor Rotary club representative)		Date (e.g., 01/Jan/2006)	Home Phone	E-mail	

ALTERNATIVE EMERGENCY CONTACT IN HOME COUNTRY

Name		Relationship	
Address — Street			
City	State/Prov.	Postal Code	Country
Home Phone	Business Phone	Mobile Phone	E-mail

(C) SENDING CLUB AND DISTRICT ENDORSEMENT

The Rotary Club of _____ and District _____, having interviewed the applicant and his/her parents/legal guardians and reviewed the student's application, hereby endorse the student as qualified for Rotary Youth Exchange and recommend to host clubs the acceptance of this student. District _____ agrees to provide adequate orientation to the student and parents before the student's departure.				Name of Club	Club ID #	District #	
				Club President Name		Signature	
Date (e.g., 01/Jan/2006)		Home Phone	E-mail				
Club Secretary <input type="checkbox"/> / YEO <input type="checkbox"/> Name		Signature	District Chair Name		Signature		
Date (e.g., 01/Jan/2006)	Home Phone	E-mail	Date (e.g., 01/Jan/2006)	Home Phone	E-mail		

Applicant Name	
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(D) HOST CLUB AND DISTRICT GUARANTEE

The Rotary Club of _____ 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 our country, and provide guidance and supervision to assure the applicant's welfare. The host Rotary club will also give the applicant a monthly allowance in the amount of US\$ _____. District _____ agrees to ensure adequate training for host parents and Youth Exchange volunteers and orientation for the student upon his/her arrival.	Name of Club		Club ID #	District #	
	Club President Name		Signature		
	Date (e.g., 01/Jan/2006)		Home Phone		
E-mail					
Club Secretary <input type="checkbox"/> / YEO <input type="checkbox"/> Name		Signature		District Chair Name	
				Signature	
Date (e.g., 01/Jan/2006)		Home Phone		Date (e.g., 01/Jan/2006)	
				Home Phone	
E-mail		E-mail			

(E) HOST CLUB COUNSELOR (required)

Name		Address — Street		
City	State/Province	Postal Code	Country	
Home Phone	Mobile Phone	Fax	E-mail	

(F) SCHOOLING GUARANTEE

<i>(To be completed by the school the applicant will attend in host country)</i> 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		Date School Starts	
Address — Street				
Affix School's Stamp or Official Seal				
		City		State/Province
		Postal Code		Country
		Phone	Fax	E-mail
Name of School Official	Title/Position	Signature		Date (e.g., 01/Jan/2006)

(G) FIRST HOST FAMILY (required)

Name of Host Father		Name of Host Mother		Name(s) and Ages of Other Adult(s) in Home	
Address — Street					
City		State/Province		Postal Code	Country
Home Phone		Mobile Phone		Fax	E-mail

Student: Please submit this form with the rest of the completed application to your local Rotary club or district. Your information will be shared with Rotary International. It will only be used for official RI business and not sold to or shared with third parties, unless required by law to be released.

Rotary district/clubs: Please mail completed Guarantee Form to the address below.

Youth Exchange
 Rotary International
 One Rotary Center
 1560 Sherman Avenue
 Evanston, IL 60201-3698 USA