

ROTARY DISTRICT 6490 - ROTARY YOUTH LEADERSHIP WORKSHOP APPLICATION

Faith United Methodist Church, 119 S Prospect Avenue, Champaign

April 1, 2023 9:00 am – 1:00 pm SOPHOMORES: \$60 per attendee

Sponsoring Rotary Club: _____

Name: _____ Date of Birth _____ Male ___ Female ___

Address: _____ City: _____ Zip _____

Email address: _____

Parent: _____

Home Phone: _____ Cell Phone: _____

Name of and Phone Number of Emergency Contact if parent or guardian is unavailable:

Name of High School: _____ Grade in School: _____

Special Considerations (food allergies, current medications, vegetarian, etc.)

Please list school interests, activities, achievements:

Please list hobbies: _____

What do you hope to gain by your involvement in this leadership workshop? _____

Signature of Applicant: _____ Date: _____

DEADLINE TO APPLY: MARCH 19, 2023

MAIL WORKSHOP APPLICATION AND FEE TO:

ROTARY DISTRICT 6490 YOUTH WORKSHOP
C/O Connie Walsh
3806 Glenn Brooke Rd
Champaign, IL 61822
cdwalsh@illinois.edu
217-493-0930

Church Parking: Park in east lot and enter through the north entrance of church.

Questions Regarding Workshop:
Contact Tanya Walker
217-369-4376
ibtanyawalker@gmail.com

PARENTAL CONSENT

_____, has my/our permission to participate in the Rotary Youth Leadership Workshop. I/We understand that neither Rotary International, Rotary District 6490, the host Rotary Club, nor individuals sponsoring Rotary Clubs shall be in any case, or under any circumstances, liable for any illness, injury, or damage or loss of property incurred by any Rotary Youth Leadership participant during the workshop. I understand that the participant **will** attend the entire program.

Signature of Applicant	Signature of Parent/Guardian	Date

Endorsement by School Principal

I hereby certify that the student making this application has performed well in school, and is, to the best of my knowledge, of high moral character. This student has shown potential for leadership and **will** benefit from this program.

Principal - typed or printed	Principal - signature
Name of High School	Date

Nominating Rotary Club Endorsement

Rotary Club:	Date:	
Rotary Youth Contact:		
Street Address:		
City:	Zip:	Email:
Primary Phone:	Secondary Phone:	
Was the Student interviewed by the nominating Rotary Club?	Yes	No

Questions Regarding Workshop:

Contact Tanya Walker
ibtanyawalker@gmail.com
217-369-4376

Janet Ellis-Nelson
janetnelson1994@gmail.com
217-202-3898