

# Guía de ayuda para llenar solicitud para el Programa de Intercambio de Jóvenes

Edición 2023-2024



# Nuestro Compromiso:

Es nuestro deber nos esforzamos por crear y mantener un ambiente seguro para todos los jóvenes que participan en las actividades de Rotary.

A la medida de nuestras posibilidades, los cónyuges y parejas de rotarios, rotarios y otros voluntarios deben salvaguardar a los niños y los jóvenes que participan en el Programa de Intercambio de Jóvenes y protegerlos contra el abuso físico, sexual y emocional.

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# Antes de Empezar...

## Instrucciones Generales

1. No se reciben solicitudes llenadas a mano.
2. Todo los campos se llenan en Inglés.
3. Se deben contestar todas las preguntas, a excepción de donde se indique dejar en blanco.
4. Leer cuidadosamente todas las preguntas.
5. Hay que tener mucho cuidado con ortografía, sintaxis y gramática ya que son factores que se toman en cuenta.



# Antes de Empezar...

## Instrucciones Generales

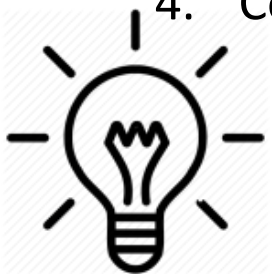
6. No utilizar respuestas como: “igual que lo anterior”, “lo mismo”, “véase más arriba”, “véase página\_\_\_”, etc.
7. Todas las firmas deben ser en original y con tinta **azul**.
8. Hay que entregar 4 (cuatro) juegos completos de la solicitud.
9. **Todas** las fotografías que incluyas deben de ser a color. Pueden ser, fotos originales o bien fotocopias a color, de excelente calidad, ya que esta es su carta de presentación.



# Documentos adicionales

Los siguientes documentos **son parte de la solicitud** para ingreso del programa:

1. Todos los formularios/ anexos/ cartas que están incluidos en solicitud.
2. Cualquier información adicional solicitado por el distrito o reportes del doctor y dentista.
3. Copia del pasaporte **Y** acta de nacimiento.
4. Copia del certificado de estudios, correctamente traducidos.



Revisa el documento: *Instrucciones para llenar solicitud*, encontrarás todo el detalle de los documentos adicionales



# ¡Comenzamos!

*Recomendamos utilizar Pc con sistema Windows ya que en Mac, es muy complejo el acomodo.*

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# Sección 1: Datos Personales

Sponsor District: \_\_\_\_\_



## Rotary Youth Exchange Long-Term Exchange Program Section A: Personal Information

**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.

Insert the photo digitally into the document.

Size: 2 x 2½ in. (5 x 6.5 cm)

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

### 1. Applicant Information

Name (use uppercase for your FAMILY name; e.g. John David SMITH) <b>José MARTÍNEZ Garza</b>		Name You Wish to be Called		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	
Home Address	City	State/Province	Postal Code	Country	
Postal Address - Street	City	State/Province	Postal Code	Country	
			Mobile Phone Number		
Country)			Date of Birth (YYYY-MM-DD)		

**SIEMPRE** que se solicite tu nombre completo, deberás poner el apellido paterno en **MAYÚSCULAS**, tal como se muestra en el ejemplo. Solo el apellido paterno.

Te pedimos utilizar este mismo formato para cualquier nombre completo que te soliciten en la solicitud.

Sponsor District: \_\_\_\_\_



# Rotary Youth Exchange Long-Term Exchange Program Section A: Personal Information



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 (use uppercase for your FAMILY name: e.g. John David SMITH)	
José MARTÍNEZ Garza	
City	
Postal Address (if different) - Street	City
E-mail Address	
Place of Birth (City, State/Province, Country)	
+52 (81) 0000-0000	+52 (81) 0000-0000

Foto **SONRIENDO**, de preferencia en estudio. Seguir las características que se describen en la solicitud.

Llenar solo en caso de que el domicilio postal sea diferente al de casa. Si es igual, se deja en blanco

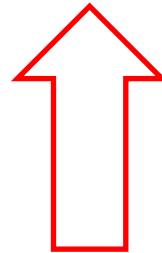
Poner los teléfonos con ladas internacionales, cuidar ese detalle en **todos los apartados. ES IMPORTANTE INCLUIR UN NÚMERO MÓVIL YA QUE ESTAREMOS EN CONTACTO TAMBIÉN VÍA WHATSAPP.**



# Sección A: Datos Personales

## 4. Personal Background

Religion	Dietary Restrictions (Enter "None", or explain with details – e.g., vegetarian, vegan, allergic to...)
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?
<i>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.</i>	



Ser específicos en caso de alergias, intolerancias o cualquier restricción de alimentos. **No** es motivo de eliminación automática del candidato.

# Sección B: Cartas y Fotografías

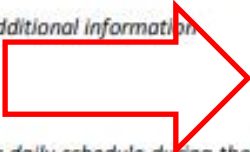
## Student's Letter

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).

### Specifications:

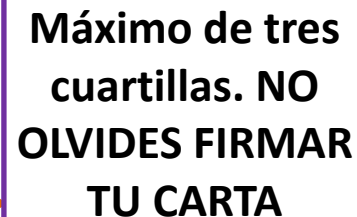
- The letter should be included in this section by a "copy and paste" or by typing beneath each question. Maximum length: 3 pages. Each page must include your name in the upper right-hand corner (LAST NAME, First name)*
- Avoid abbreviations, don't assume the reader will recognize a name of a store, company etc. – 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?



Cubrir  
todos los  
puntos

Esta carta es tu tarjeta de presentación. Hay que escribirla en INGLÉS, con detenimiento, cuidando la redacción, la ortografía y gramática.



Máximo de tres cuartillas. NO OLVIDES FIRMAR TU CARTA

# Sección B: Cartas y Fotografías

## Parent's Letter

Write a letter to your child's host club and families, incorporating your answers to the following questions in your letter.

Specifications:

- I. *The letter should be included in this section by a "copy and paste" or by typing beneath each question. Maximum length: 2 pages. Each page must include your child's name in the upper right-hand corner (LAST NAME, First name)*
- II. *Avoid abbreviations, don't assume the reader will recognize a name of a store, company etc. – you may need to provide additional 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?

Hay que  
cubrir  
todos los  
puntos

Mínimo 2 cuartillas

Redactar en inglés ambos padres , la carta  
va firmada por ambos también.



# Sección B: Cartas y Fotografías

Applicant Name

## Student's Photos

Select a color photograph for each topic below, and attach each photo to this page with glue or double-sided tape (do not staple). Include brief captions, if necessary.

MY FAMILY	MY SPECIAL INTEREST
 	 
SOMETHING IMPORTANT TO ME	MY HOME
 	 



- Fotos a color.
- Las fotos se pueden pegar con cinta o pegamento, no engrapar.
- Puedes usar leyendas cortas.
- La orientación de las fotos, puede ser horizontal o vertical siempre y cuando se respete el espacio disponible.



# Sección C: Historia clínica y examen médico



- No se aceptarán reportes llenados a mano.
- Respetar el uso de mayúsculas y minúsculas, con los nombres.
- Usar formatos de lada internacional, en cada número de teléfono que proporcionamos.

Sponsor District: \_\_\_\_\_ Applicant Name: \_\_\_\_\_



## Rotary Youth Exchange – Long-Term Exchange Program

### Section C: Medical History and Examination

**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.

Please type or print clearly. Please submit at least two copies of the form, unless your district requires more. Ask your club YEO how many copies you need. All copies with original signatures in blue ink.

Applicant's Full Legal Name		Date of Birth (YYYY-MM-DD)		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> 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	No	a. Liver disease/hepatitis	Yes	No
b. Anorexia/bulimia/other eating disorder*	<input type="checkbox"/>	<input type="checkbox"/>	c. Malaria	<input type="checkbox"/>	<input type="checkbox"/>
c. Appendicitis	<input type="checkbox"/>	<input type="checkbox"/>	d. Menstrual disorders	<input type="checkbox"/>	<input type="checkbox"/>
d. Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	e. Mental disorders*	<input type="checkbox"/>	<input type="checkbox"/>
e. Asthma	<input type="checkbox"/>	<input type="checkbox"/>	f. Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>
f. Attention deficit disorder*	<input type="checkbox"/>	<input type="checkbox"/>	g. Rheumatic fever	<input type="checkbox"/>	<input type="checkbox"/>
g. Bowel problems	<input type="checkbox"/>	<input type="checkbox"/>	h. Serious headache/migraine	<input type="checkbox"/>	<input type="checkbox"/>
h. Cancer	<input type="checkbox"/>	<input type="checkbox"/>	i. Stomach ulcer	<input type="checkbox"/>	<input type="checkbox"/>
i. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	j. Typhoid fever	<input type="checkbox"/>	<input type="checkbox"/>
j. Epilepsy/seizures	<input type="checkbox"/>	<input type="checkbox"/>	k. Urinary tract infection	<input type="checkbox"/>	<input type="checkbox"/>
k. Hearing loss	<input type="checkbox"/>	<input type="checkbox"/>	l. Vertigo/dizziness	<input type="checkbox"/>	<input type="checkbox"/>
l. Heart disease	<input type="checkbox"/>	<input type="checkbox"/>	m. Visual correction – eyeglasses/contact lenses	<input type="checkbox"/>	<input type="checkbox"/>
m. Hernia	<input type="checkbox"/>	<input type="checkbox"/>	n. Visual problems – other	<input type="checkbox"/>	<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"/>
*All diseases answers to questions 2b, 2f, 2g, and/or 2i require a letter of explanation from the treating physician.					
Question (e.g., 2a)	Nature and severity of disorder, diagnosis, frequency of attacks, prognosis and treatment			Dates and duration	

# Sección C: Historia clínica y examen médico



**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:

	Yes	No		Yes	No
a. Allergies	<input type="checkbox"/>	<input type="checkbox"/>	z. Liver disease/hepatitis	<input type="checkbox"/>	<input type="checkbox"/>
b. Anorexia/bulimia/other eating disorder*	<input type="checkbox"/>	<input type="checkbox"/>	aa. Malaria	<input type="checkbox"/>	<input type="checkbox"/>
c. Appendicitis	<input type="checkbox"/>	<input type="checkbox"/>	ab. Menstrual disorders	<input type="checkbox"/>	<input type="checkbox"/>
d. Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	ac. Mental disorders*	<input type="checkbox"/>	<input type="checkbox"/>
e. Asthma	<input type="checkbox"/>	<input type="checkbox"/>	ad. Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>
f. Attention deficit disorder*	<input type="checkbox"/>	<input type="checkbox"/>	ae. Rheumatic fever	<input type="checkbox"/>	<input type="checkbox"/>
g. Bowel problems	<input type="checkbox"/>	<input type="checkbox"/>	af. Serious headache/migraine	<input type="checkbox"/>	<input type="checkbox"/>
h. Cancer	<input type="checkbox"/>	<input type="checkbox"/>	ag. Stomach ulcer	<input type="checkbox"/>	<input type="checkbox"/>
i. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	ah. Typhoid fever	<input type="checkbox"/>	<input type="checkbox"/>
j. Epilepsy/seizures	<input type="checkbox"/>	<input type="checkbox"/>	ai. Urinary tract infection	<input type="checkbox"/>	<input type="checkbox"/>
k. Hearing loss	<input type="checkbox"/>	<input type="checkbox"/>	aj. Vertigo/dizziness	<input type="checkbox"/>	<input type="checkbox"/>
l. Heart disease	<input type="checkbox"/>	<input type="checkbox"/>	ak. Visual correction – eyeglasses/contact lenses	<input type="checkbox"/>	<input type="checkbox"/>
m. Hernia	<input type="checkbox"/>	<input type="checkbox"/>	al. Visual problems – other	<input type="checkbox"/>	<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 diet 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.*

*\*Affirmative answers to questions 2b, 2c, 2d, and 2e require a letter of evaluation from the treating physician.*

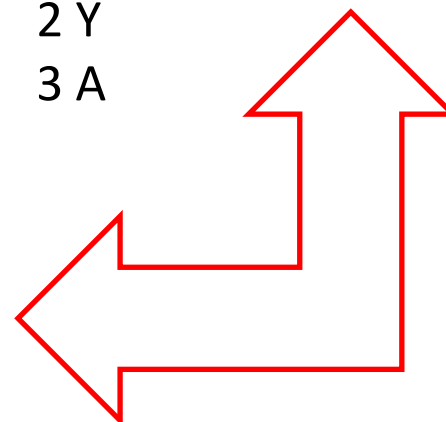
Question (e.g., 2i)	Nature and severity of disorder, diagnosis, frequency of attacks, prognosis, and treatment	Dates and duration

Cualquier **Sí** en alguno o algunos padecimientos, se tendrá que dar detalle en el siguiente apartado.

Hay que ser muy específicos en cuál es el padecimiento que se está dando el detalle.  
*Por ejemplo:*

2 Y

3 A



## Documentos adicionales

1. Examen de mantoux o anticuerpos microbacterium tuberculosis. ( No mayor a 3 meses)
2. Cartilla de vacunación y/o comprobantes de otras vacunas.
3. Prueba de laboratorio de grupo sanguíneo
4. Cédula profesional de médico firmante.



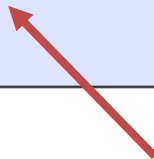
# hint



Pídele al médico que antes de firmar el reporte, saque cuatro copias, después, que firme con tinta azul cada una de las copias.



Physician's Name (type or print)	Signature (In blue ink)	Date (e.g., 01/Jan/2006)
Physician's address, phone, and fax (type or stamp)		



**Poner sello del doctor**





# Sección D: Salud bucal y examen odontológico



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.

Please type or print clearly. Please submit at least two copies of the form, unless your district requires more. Ask your club YEO how many copies you need. All copies with original signatures in blue ink.

Applicant's Full Legal Name		Date of Birth (YYYY-MM-DD)		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> 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's address, phone, and fax (type or stamp)	Dentist's Name (type or print)
	Signature (in blue ink)
	Date (YYYY-MM-DD)

- No se aceptarán reportes llenados a mano.
- Respetar el uso de mayúsculas y minúsculas, con los nombres.
- Usar formatos de lada internacional, en cada número de teléfono que proporcionamos.



# hint



Pídele al médico que antes de firmar el reporte, saque cuatro copias, después, que firme con tinta azul cada una de las copias.



Dentist's Name (type or print)	Signature (in blue ink)	Date (e.g., 01/Jan/2006)
Dentist's address, phone, and fax (type or stamp)		



**Poner sello del dentista**



# Sección E: Forma de Garantía



Signed (Applicant) (in blue ink)	Home Phone Number	Date (YYYY-MM-DD)	
Signed (Parent/Legal Guardian #1) (in blue ink)	Date (YYYY-MM-DD)	Mobile Phone Number	E-mail
Signed (Parent/Legal Guardian #2) (in blue ink)	Date (YYYY-MM-DD)	Mobile Phone Number	E-mail
Witness (Sponsor Rotary club representative) (Print and signed)	Date (YYYY-MM-DD)	Mobile Phone Number	E-mail

**Firmas originales y con tinta azul.**

**El campo de fecha en esta sección es escrita.**

**(E) 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	
Signature of District YE Chair (in blue ink)		Signature of Sponsor Club President (in blue ink)		Signature of Sponsor Club YE Officer (in blue ink)	
Date (YYYY-MM-DD)	Home Phone Number	Date (YYYY-MM-DD)	Home Phone Number	Date (YYYY-MM-DD)	Home Phone Number
Mobile Phone Number	Business Phone Number	Mobile Phone Number	Business Phone Number	Mobile Phone Number	Business Phone Number
SKYPE District YE Chair				SKYPE Sponsor Club YE Officer	

**Firmas originales y con tinta azul.**

**Nota: El testigo puede ser el YEO o el Presidente ante quien firman los documentos**


# Sección E: Forma de Garantía



Sponsor District #		→	4130
Name of District Youth Exchange Chair		→	Rogelio Jaime MENDOZA Pacheco
Street Address of District Youth Exchange Chair		→	Pablo moncayo # 174, Col Colinas de San Jerónimo
City, State/Province, Postal Code of District YE Chair		→	Monterrey, Nuevo Leon, 64630
E-mail Address of District Youth Exchange Chair		→	yeod4130mexico@yahoo.com
Signature of District YE Chair (in blue ink)		→	Se deja en blanco el espacio
Date (YYYY-MM-DD)	Home Phone Number	→	+52 (81) 1217 0804
Mobile Phone Number	Business Phone Number	→	+52 (81) 1217 0804
S TYPE District YE Chair		↓	

Se escribe a mano y en tita azul

# Sección F: Forma de Garantía

		Rotary District <input type="text"/>	Applicant Name <input type="text"/>
<b>Rotary Youth Exchange – Long-Term Exchange Program</b> <b>Section F: Host Club, District, &amp; School Endorsements</b> <b>(Guarantee Form / Visa Application Supporting Document)</b>			
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 <input type="text"/>	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Place of Birth (City, State/Province, Country)	Citizen of (Country)	Date of Birth (e.g., 25/Jan/1999)	
<b>(A) HOST CLUB AND DISTRICT GUARANTEE</b> <i>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.</i>			
Host Country	Host Club Name		Host Club ID #
Host District #	Monthly Allowance	Destination 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 District Youth Exchange Chair		Signature of Host Club President	Signature of Host Club Youth Exchange Officer
Date (e.g., 25/Jan/2012)	Home Phone Number	Date (e.g., 25/Jan/2012)	Home Phone Number
		Date (e.g., 25/Jan/2012)	Home 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>(B) HOST CLUB COUNSELOR</b>			
Name		E-mail Address	
Address – Street		City	State/Province
		Postal Code	Country
Home Phone Number	Business Phone Number	Mobile Phone Number	Fax Number
<b>(C) SCHOOLING GUARANTEE</b> <i>(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.</i>			
Name of School		Phone Number	Fax Number
		Date School Starts	
Address – Street		City	State/Province
		Postal Code	Country
Affix School's Stamp or Official Seal		Name and Title of School Official	Signature
		E-mail Address	Date (e.g., 25/Jan/2012)
<b>(D) FIRST HOST FAMILY</b>			
Name of Host Father		Host Father's E-mail Address	Business Phone
		Mobile Phone	
Name of Host Mother		Host Mother'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		
<b>HOST DISTRICT: Please return at least two originals of the completed Endorsements/Guarantee Forms to:</b>			
<input type="text"/>			



**Solo llenar los datos personales**

**NO!**

**NO LLENAR**

# Sección G: Normas y Condiciones del Intercambio

Applicant (print name)	Date (YYYY-MM-DD) and Signature (in blue ink)
Parent/Legal Guardian #1 (print name)	Date (YYYY-MM-DD) and Signature (in blue ink)
Parent/Legal Guardian #2 (print name)	Date (YYYY-MM-DD) and Signature (in blue ink)
Witnessed in the presence of Sponsor Club/District Representative (print name and title)	Date (YYYY-MM-DD) and Signature (in blue ink)

**Firmas originales y con tinta azul. Las 4 firmas al mismo tiempo.**

El **testigo** debe ser el **YEO** o el **Presidente** ante quien se firma el documento

**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	

  
**IN CASE OF EMERGENCY**

Incluir fecha de la firma a mano

**Agregar contacto alternativo que no sea familia**

# Sección H: Informe y recomendación del centro de enseñanza



Sponsor District: \_\_\_\_\_ Applicant Name: \_\_\_\_\_



## Rotary Youth Exchange – Long-Term Exchange Program

### Section H: Secondary School Personal Reference

**Student:** Complete the top section of this form, then give the form and a stamped envelope, preaddressed to the Rotary club or district to which you are submitting your application, to a teacher or administrator who knows you and your abilities and accomplishments at school. By so doing, you give permission to that individual to release this information to the Rotary club/district Youth Exchange committee for their review.

Applicant's Full Legal Name	Date of Birth (YYYY-MM-DD)	Grade	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary
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**Evaluator:** This student is applying for a one-year educational study abroad program under Rotary club/district sponsorship. Please complete and forward this form within seven days of receipt to the sponsor Rotary Club/District, in the pre-addressed envelope provided. The information you submit will not be revealed to the student, unless required by law.

#### 1. Ratings

Area	Excellent	Good	Average	Below Average	No Back 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 his/her wish to spend time abroad?  Yes  No  Not Sure

Please use the reverse side of this form, adding pages if necessary, to explain your answer to questions 2 and 3, and to provide any additional 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

Name and Title (type or print)	Signature (in blue ink)	Date (YYYY-MM-DD)
Name of School	Phone	E-mail

**DO NOT RETURN THIS FORM TO THE STUDENT APPLICANT.**

Please submit this form directly to:

- No se aceptarán reportes llenados a mano.
- Respetar el uso de mayúsculas y minúsculas, con los nombres.
- Usar formatos de lada internacional, en cada número de teléfono que proporcionamos. +52 (código área y número)
- Firmas en original y con tinta azul.

# Documentos adicionales

1. Identificación del **YEO**, del **PRESIDENTE del Club**, y de los **PAPÁS**, TODAS NOTARIADAS.
2. Carta de buena conducta en papel membretado, con fotografía y sello de la escuela, en inglés.
3. Identificación de quien firma la carta de buena conducta. (En caso de que sea alguien diferente a quién firma la primera sección).
4. Boleta oficial del año escolar anterior para secundaria, o de los últimos dos semestres de preparatoria. (Promedio mínimo requerido es de **8.0 sin aproximación**).





**¡ Mucha Suerte!**

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