

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

Edición 2026-2027



Nuestro Compromiso:

Esforzamos por crear y mantener un ambiente seguro para todos los jóvenes que participan en las actividades de Rotary.

En la medida de nuestras posibilidades, los rotarios y demás voluntarios involucrados en el programa, debemos 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.

Antes de Empezar...

Rotary
Distrito 4130

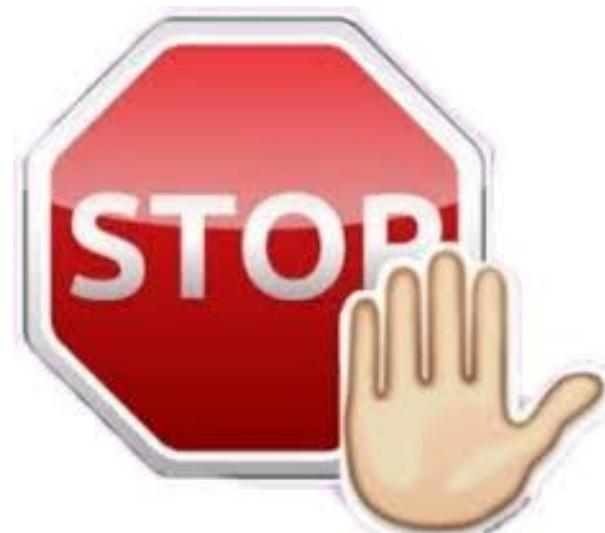


rotary
youth
exchange

Instrucciones Generales

1. No se reciben solicitudes llenadas a mano.
2. Todo los campos se llenan en Inglés.
3. Leer cuidadosamente cada pregunta y contestar cada una de ellas (**poner guión medio en caso de que no aplique “-”**) a excepción de donde se indique dejar en blanco.
4. Hay que tener mucho cuidado con ortografía, sintaxis y gramática, ya que son factores que se toman en cuenta.

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



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 un juego completo de la solicitud en la primera capacitación.
9. **Todas** las fotografías que incluyas deben de ser a color y de excelente calidad, ya que ésta es tu carta de presentación.





¡Comenzamos!

Sección A: Información Personal

Rotary
Distrícto 4130



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Sponsor District: 4130

El distrito es 4130



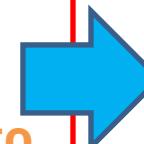
Rotary Youth Exchange Long-Term Exchange Program Section A: Personal Information

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 | | 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 |
| E-mail Address | Phone Number | Mobile Phone Number | | |
| Country | Date of Birth (YYYY-MM-DD) | | | |

SIEMPRE que se solicite tu nombre, deberás poner el apellido paterno en MAYÚSCULAS, tal como se muestra en el ejemplo (Solo el apellido paterno) El nombre y el apellido materno son con minúsculas. Siempre el nombre completo.



Utiliza este mismo formato para TODOS los nombres completos que te soliciten en la solicitud.

Sponsor District:

4130



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

Home Address – Street

City

Postal Address (if different) - Street

Llenar sólo en caso de que el domicilio postal sea diferente al de casa. Si es igual, poner guión medio.

E-mail Address

Place of Birth (City, State/Province, Country)

+52 (81) 0000-0000

+52 (81) 0000-0000

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

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.**



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

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> | |

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 | |

**Agregar
contacto
alternativo (no
padres/tutor)**

Sección B: Cartas y Fotografías

Rotary
Distrito 4130



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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:

- I. 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)
- 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. 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 education 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

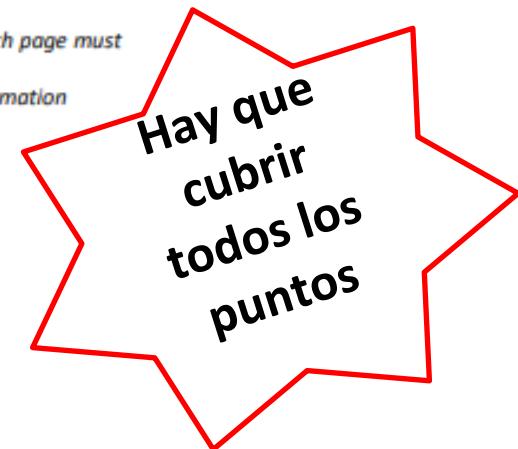
Parent's Letter

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?



Mínimo 2 cuartillas

Redactar en inglés ambos padres, *la carta va firmada tanto por padre como madre.*

Sección B: Cartas y Fotografías

| 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 (4 EN TOTAL).
- 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. **+52 (81) 0000-0000**

Rotary
Distrito 4130



rotary
youth
exchange

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 (MM-MM-YY) | <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: | Yes | No | Yes | No | |
| a. Allergies | <input type="checkbox"/> | <input type="checkbox"/> | a. Liver disease/hepatitis | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Anorexia/bulimia/other eating disorder* | <input type="checkbox"/> | <input type="checkbox"/> | b. Malaria | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Appendicitis | <input type="checkbox"/> | <input type="checkbox"/> | c. Menstrual disorders | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Arthritis | <input type="checkbox"/> | <input type="checkbox"/> | d. Mental disorders* | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Asthma | <input type="checkbox"/> | <input type="checkbox"/> | e. Pneumonia | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Attention deficit disorder* | <input type="checkbox"/> | <input type="checkbox"/> | f. Rheumatic fever | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Bowel problems | <input type="checkbox"/> | <input type="checkbox"/> | g. Serious headache/migraine | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Cancer | <input type="checkbox"/> | <input type="checkbox"/> | h. Stomach ulcer | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Diabetes | <input type="checkbox"/> | <input type="checkbox"/> | i. Typhoid fever | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Epilepsy/seizures | <input type="checkbox"/> | <input type="checkbox"/> | j. Urinary tract infection | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Hearing loss | <input type="checkbox"/> | <input type="checkbox"/> | k. Vertigo/dizziness | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Heart disease | <input type="checkbox"/> | <input type="checkbox"/> | l. Visual correction – eyeglasses/contact lenses | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Hernia | <input type="checkbox"/> | <input type="checkbox"/> | m. 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"/> |
| If you answered "Yes" for any parts of questions 2 and 3, please explain: Additional answers to questions 2b, 2c, 2d, and 2e require a letter of evaluation 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: | | |
| a. Allergies b. Anorexia/bulimia/other eating disorder* c. Appendicitis d. Arthritis e. Asthma f. Attention deficit disorder* g. Bowel problems h. Cancer i. Diabetes j. Epilepsy/seizures k. Hearing loss l. Heart disease m. Hernia | Yes | No |
| a. Liver disease/hepatitis b. Malaria c. Menstrual disorders d. Mental disorder* e. Pneumonia f. Rheumatic fever g. Serious headache/migraine h. Stomach ulcer i. Typhoid fever j. Urinary tract infection k. Vertigo/dizziness l. Visual correction – eyeglasses/contact lenses m. Visual problems – other | Yes | No |
| 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"/> | |
| If you answered "Yes" for any parts of questions 2 and 3, please explain: To nominate someone for question 26, we require a medical certificate from the treating physician. | | |
| Question (e.g., 2a) | Nature and severity of disorder, diagnosis, frequency of attacks, prognosis, and treatment | Dates and duration |
| | | |
| | | |
| | | |
| | | |

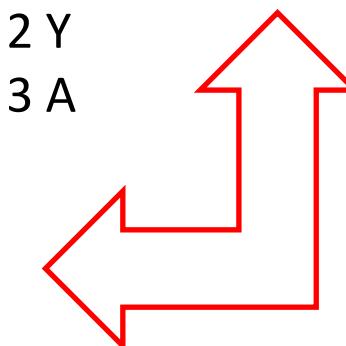
Cualquier **Sí** en alguno o algunos padecimientos, se tendrá que dar detalle en el siguiente apartado.

Hay que ser muy específicos en cuál es el padecimiento que se está dando el detalle.

Por ejemplo:

2 Y

3 A



El tener algún padecimiento **NO** es motivo de eliminación automática del candidato.

Pídele al médico que firme con tinta azul.

Documentos adicionales secciones C y D:

1. Resultado de laboratorio de 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. Copia simple de cédula profesional de médicos firmantes (médico pediatra y dentista)
5. Cualquier información adicional solicitada por el distrito, doctor o dentista.



Sección D: Salud bucal y examen odontológico

Rotary
Distrito 4130



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exchange

Sponsoring District: _____

Applicant Name: _____

Rotary Youth Exchange – Long-Term Exchange Program

Section D: Dental Health and Examination

Dental: 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 (MMYY-DDMMYY) | Male Female Transgender | |
| Home Address – Street | City | State/Province | Postal Code | Country |
| E-mail Address | Home Phone Number | Mobile Phone Number | | |

Dental Examination

1. Is the applicant in good dental health? Yes No

2. Does the applicant require dental work at this time? Yes No

3. Do you foresee the applicant requiring any dental work while abroad?
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.

| | |
|--|-------------------------------|
| Doctor's address, phone, and fax (type or print) | Doctor's Name (type or print) |
| Signature (in blue ink) | |
| Date (MMYY-DDMMYY) | |

- 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 (81) 0000-0000
- Pídele al médico que firme con tinta azul.



Sección E: Club Patrocinador, Garantía Papás y Estudiante



| | | | |
|---|-------------------|---------------------|--------|
| 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 |

(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 club and host district 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 YEO 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 YEO Chair (in blue ink) | Signature of Sponsor Club President (in blue ink) | | Signature of Sponsor Club YEO Officer (in blue ink) |
| 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 |
| Skype District YEO Chair | | Skype Sponsor Club YEO Officer | |

Firmas originales y fechas con tinta azul.

El campo de fecha en esta sección es escrita a mano.

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

Firmas originales y con tinta azul.

Sección E: Club Patrocinador, Garantía Papás y Estudiante

Sponsor District #

4130

Name of District Youth Exchange Chair

Héctor Daniel SANTILLANES Chapa

Street Address of District Youth Exchange Chair

Padre Mier 305, Col. Rincón de
San Francisco

City, State/Province, Postal Code of District YE Chair

San Pedro Garza García, Nuevo
León, 66238

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) 1900-0565

Mobile Phone Number

Business Phone Number

+52 (81) 1900-0565

SKYPE District YE Chair

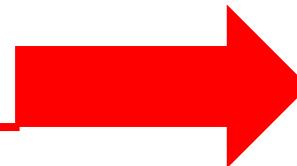
Se pone guión medio (-)

La fecha se escribe a mano con tinta azul.

Sección F: Forma de Garantía



| | |
|---|---------------------------------------|
| Rotary District _____ | Applicant Name _____ |
| Rotary Youth Exchange – Long-Term Exchange Program | |
| Section F: Host Club, District, & School Endorsements (Guarantee Form / Visa Application Supporting Document) | |
| Full Legal Name as on passport or birth certificate (use uppercase for your FAMILY name: e.g., John David SMITH) _____ Name You Wish to be Called _____ <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Place of Birth (City, State/Province, Country) _____ Citizen of (Country) _____ Date of Birth (e.g., 25/Aug/1999) _____ | |
| (A) HOST CLUB AND DISTRICT GUARANTEE <small>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.</small> | |
| Host Country | Host Club Name |
| Host District # | Monthly Allowance |
| Destination Airport in Host Country _____ | |
| Name of Host Club President _____ Name of Host Club Youth Exchange Officer _____ | |
| Signature of Host Club President _____ Signature of Host Club Youth Exchange Officer _____ | |
| Date (e.g., 25/Aug/2012) | Home Phone Number |
| Date (e.g., 25/Aug/2012) | Home Phone Number |
| Date (e.g., 25/Aug/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) HOST CLUB COUNSELOR Name _____ E-mail Address _____ Address - Street _____ City _____ State/Province _____ Postal Code _____ Country _____ Home Phone Number _____ Business Phone Number _____ Mobile Phone Number _____ Fax Number _____ | |
| (C) SCHOOLING GUARANTEE <small>(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.</small> | |
| Name of School | Phone Number |
| 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/Aug/2012) _____ | |
| (D) FIRST HOST FAMILY 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 _____ | |
| HOST DISTRICT: Please return at least two originals of the completed Endorsements/Guarantee Forms to: _____ | |



Solo llenar los datos personales

NO!

NO LLENAR LAS SECCIONES (A,B,C, ni D)

Sección G: Normas y Condiciones del Intercambio

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

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

El **testigo** debe ser el **YEO** o el **Presidente del Club**, ante quien se firma el documento.

Incluir fechas de la firmas **A MANO**.



Sección H: Informe y recomendación

del centro de enseñanza



rotary
youth
exchange

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 |
|-----------------------------|----------------------------|-------|-------------------------------|---------------------------------|-------------------------------------|

Evaluation: 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.

| Area | Excellent | Good | Average | Below Average | No Basis to Rate |
|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Creative, original thought | <input type="checkbox"/> |
| Independence, initiative | <input type="checkbox"/> |
| Intellectual ability | <input type="checkbox"/> |
| Emotional stability | <input type="checkbox"/> |
| Academic achievement | <input type="checkbox"/> |
| Openness to new ideas | <input type="checkbox"/> |
| Flexibility, adaptability | <input type="checkbox"/> |
| Ability to communicate | <input type="checkbox"/> |
| Potential for growth | <input type="checkbox"/> |
| Disciplined habits | <input type="checkbox"/> |
| Participation | <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 paper if necessary, to explain your answers 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 (81) 0000-0000

- Firmas en original y con tinta azul.

Documentos adicionales

Rotary
Distrito 4130



rotary
youth
exchange

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

1. Copia del pasaporte **Y** acta de nacimiento.
2. Identificaciones **NOTARIADAS**: del **YEO**, del **PRESIDENTE del Club**, y de ambos **PAPÁS. (4 EN TOTAL)**
3. Carta de buena conducta en papel membretado de la institución, con fotografía y sello de la escuela **en inglés**.
4. Copia simple de identificación de quien firma la carta de buena conducta y el informe de la sección H-1. (Si firman 2 personas incluir ambas identificaciones)

Documentos adicionales

5. Boleta oficial del año escolar anterior para secundaria, o de los últimos dos semestres cursados de preparatoria **en inglés**.

(Promedio mínimo requerido es de **8.0 sin aproximación**)

6. Todos los formularios/ anexos/ cartas que están incluidos en la solicitud.





i Mucha suerte!
