Aplikacja LTEP

Na co zwrócić uwagę

Sponsor District: 2231

Rotary Youth Exchange

Rotary Youth Exchange

Long-Term Exchange Program

Section A: Personal Information

Page 1 of 3

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)*		Name You Wish to be Called		☒ Male ☐ Female ☐ Non-Binary
Jan KOWALSKI		Janek		
Home Address – Street	**City**	**State/Province**	**Postal Code**	**Country**
Kwiatowa 15	Bukowiec	łódzkie	95-006	Poland
Postal Address *(if different)* - Street	**City**	**State/Province**	**Postal Code**	**Country**
E-mail Address	**Skype ID**	**Mobile Phone Number**		
Jan.Kowalski@gmail.com		+48 xxx xxx xxx		
Place of Birth *(City, State/Province, Country)*	**Citizen of *(Country)***	**Date of Birth *(YYYY-MM-DD)***		
Łodź, lodzkie, Poland	Poland	2009-11-25		

- Duże wyraźne **zdjęcie twarzy**
- Wszystkie nazwiska **DUŻYMI LITERAMI**
- Telefon z numerem kierunkowym **(+48 …)**
- Pełne miejsce urodzenia
- Data zgodna ze wzorcem
  - **Adres po polsku z wyjątkiem nazwy kraju**

2. Parent/Legal Guardian Information

Full Name of Parent/Legal Guardian #1			Full Name of Parent/Legal Guardian #2		
Adam KOWALSKI			Anna KOWALSKA		
Rotarian? ☒ Yes ☐ No	If yes, name of Rotary Club		Rotarian? ☐ Yes ☒ No	If yes, name of Rotary Club	
RC Łodź 4-kultury					
Address – Street	City		Address – Street	City	
Kwiatowa 15	Bukowiec		Kwiatowa 15	Bukowiec	
State/Province	Postal Code	Country	State/Province	Postal Code	Country
łódzkie	95-006	Poland	łódzkie	95-006	Poland
Email-Address			Email-Address		
adam.kowalski@gmail.com			anna.kowalska@gmail.com		
Occupation			Occupation		
advocate			doctor		
Home Phone Number	Mobile Phone Number		Home Phone Number	Mobile Phone Number	
	+48 yyy yyy yyy			+48 zzz zzz zzz	
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)?
☐ Parent/Legal Guardian #1 ☒ Parent/Legal Guardian #2

☐ Mark this box if your parents are divorced or separated.
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.

- Wszystkie nazwiska DUŻYMI LITERAMI
- Nazwa klubu a nie numer
- Konieczne wskazanie kolejności opiekunów

Sponsor District: 2231 Applicant Name: Jan KOWALSKI

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3. Sponsor District and Rotary Club

Sponsor District Number	Name of Sponsor District Youth Exchange Chair	E-mail Address
2231	Krystyna BAJ-PAWLUK	k.baj-pawluk@rotary.org.pl
Sponsor Rotary Club	**Name of Sponsor Club Youth Exchange Officer**	**E-mail Address**
RC Łódź 4-kultury	Rafał ZAWIŚLAK	r.zawislak@rotary.org.pl

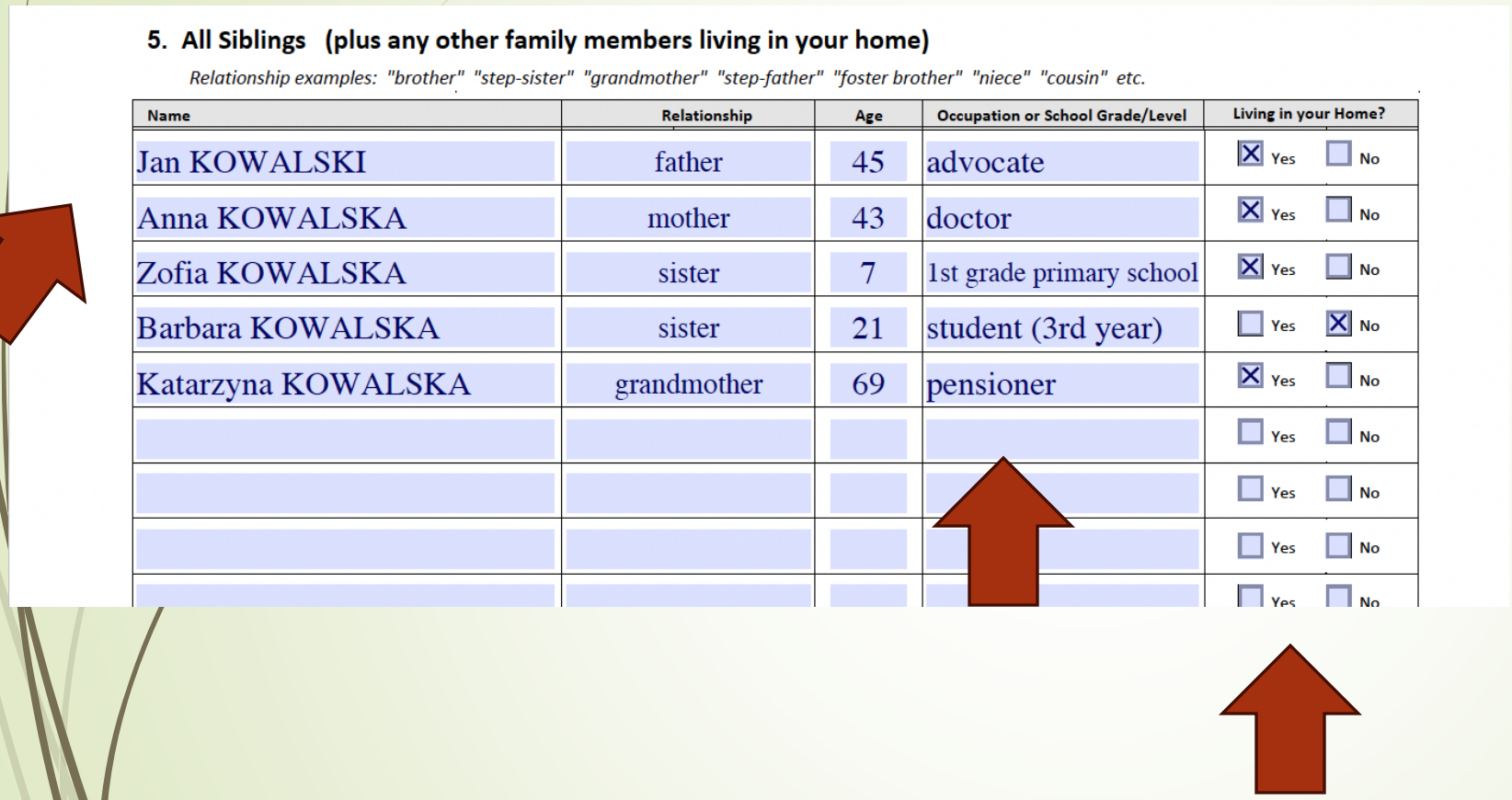
4. Personal Background

Religion (Identify by name or "None")	Dietary Restrictions *(Enter "None", or explain with details – e.g., vegetarian, vegan, allergic to…)*
None	None
Do you smoke or use tobacco products? ☐ Yes ☒ No	If yes, please explain.
Do you drink alcohol? ☐ Yes ☒ No	If yes, please explain.
Have you ever used illegal drugs? ☐ Yes ☒ No	If yes, please explain.
Do you have a steady boy/girlfriend? ☒ Yes ☐ No	If yes, how will being abroad impact your relationship and how might the relationship impact your exchange experience? I love him very much but I can handle a year apart because I really want to go on an exchange trip.

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.

- Wszystkie nazwiska **DUŻYMI LITERAMI**
- Nazwa klubu a nie numer
- Jeśli brak religii lub restrykcji dietetycznych wpisać **None**

- Jeśli zaznaczone zostanie „Yes" koniecznie napisać wyjaśnienie



5. All Siblings (plus any other family members living in your home)

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

Name	Relationship	Age	Occupation or School Grade/Level	Living in your Home?
Jan KOWALSKI	father	45	advocate	☒ Yes ☐ No
Anna KOWALSKA	mother	43	doctor	☒ Yes ☐ No
Zofia KOWALSKA	sister	7	1st grade primary school	☒ Yes ☐ No
Barbara KOWALSKA	sister	21	student (3rd year)	☐ Yes ☒ No
Katarzyna KOWALSKA	grandmother	69	pensioner	☒ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

- Zaczynamy od rodziców/opiekunów
- **(jeśli rozwiedzeni również oboje)**
- Wyliczamy całą najbliższą rodzinę tę która mieszka i tę która już nie mieszka
- Pamiętajcie o określeniu poziomu nauczania

Sponsor District: 2231 Applicant Name: Jan KOWALSKI

Rotary Youth Exchange

Rotary Youth Exchange Long-Term Exchange Program
Section A: Personal Information **Page 3 of 3**

6. Languages

Your Native Language(s) Polish		Proficiency in Non-Native Language(s) *(indicate Poor, Fair, Good, or Fluent)*		
Non-Native Language(s) *If you have received a foreign language certificate (e.g. DELF, DELE etc.), please add a copy to this application form*	**Years Studied**	**Speaking**	**Reading**	**Writing**
English	7	Good	Fluent	Good
German	3	Fair	Fair	Fair

7. Exchanges

Have you previously participated in any exchange? ☐ No ☒ Yes *if yes, please explain in your student letter*	

- Pamiętajcie o podaniu języka ojczystego
- (jeśli ktoś jest dwujęzyczny podajemy dwa po przecinku np. Polish, French)
- **Pamiętajcie by się pochwalić obozami STEP lub innymi wymianami** (opis w liście studenta)

8. Secondary School Information

Name of Secondary School You Currently Attend	School Phone Number	School Fax Number
I Liceum Ogólnokształcące im. M. kopernika w Łodzi	+48 ggg ggg ggg	

Address – Street	City	State/Province	Postal Code	Country
Więckowskiego 21 a	Łódź	łódzkie	91-021	Poland

Maximum grade level in secondary schools	Your current grade level *(e.g., 10th, 11th)*	Month and year you expect to graduate	No. of years you've attended this school
4	2	06/2027	2

List the courses you are currently taking

Polish, English, mathematics, physics, chemistry, history, PE

Consult with a school official or guidance counselor to find out the following information:

Total number of students at your school	Number of students in your grade level	Your approx. class ranking *(e.g., top 10%, 12th of 56)*
427	109	top 15%

Name and title of school official or counselor that you consulted	E-mail address of school official or counselor
mr Tomasz JANKOWSKI (English teacher)	t.jankowski@gmail.com

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.

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

Name	Relationship
Wojciech KOWALSKI	uncle

Home Address – Street	City	State/Province	Postal Code	Country
Boska 11	Moskwa	łódzkie	90-134	Poland

E-mail Address	Home Phone Number	Business Phone Number	Mobile Phone Number
w.kowalski@wp.pl			+48 qqq qqq qqq

- Pamiętajcie o wypełnieniu **wszystkich** pól
- **Alternatywny kontakt musi być różny od rodziców/opiekunów**
- Jest używany w przypadku nagłym przy braku możliwości kontaktu z powyższymi

- Listy najlepiej napisać w Wordzie lub innym edytorze tekstów
- Pamiętajcie o podpisaniu listów
- Listy należy zapisać jako oddzielne pliki pdf (lub jeden plik pdf) i dołączyć do aplikacji po stronie nr 3.
- Wytyczne co powinny zawierać listy znajdują się w pliku: „***LT - wskazówki jak pisać listy.pdf***”
- **Warto też dodać coś od siebie**

Sponsor District: 2231 Applicant Name: Jan KOWALSKI

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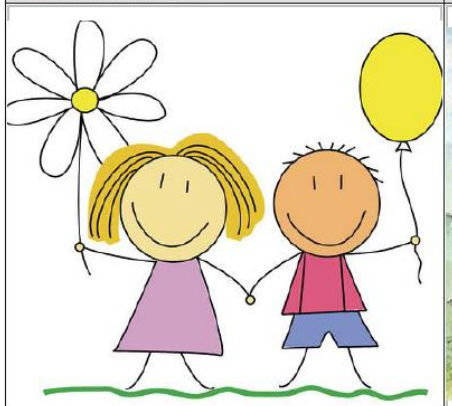
Section B: Photos Letters & Photos Page 7 of 7

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
	
From the left: Grandpa Leszek, brother Tadek, mother, father, younger sister Zosia, and grandmother Katarzyna	I love painting, playing guitar and dancing
SOMETHING IMPORTANT TO ME	**MY HOME**
	
I care most about my friends, I spend my free time with them and share everything that is close to me	I live in a single-family house with a beautiful garden near the forest

- Pamiętajcie o opisach

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:

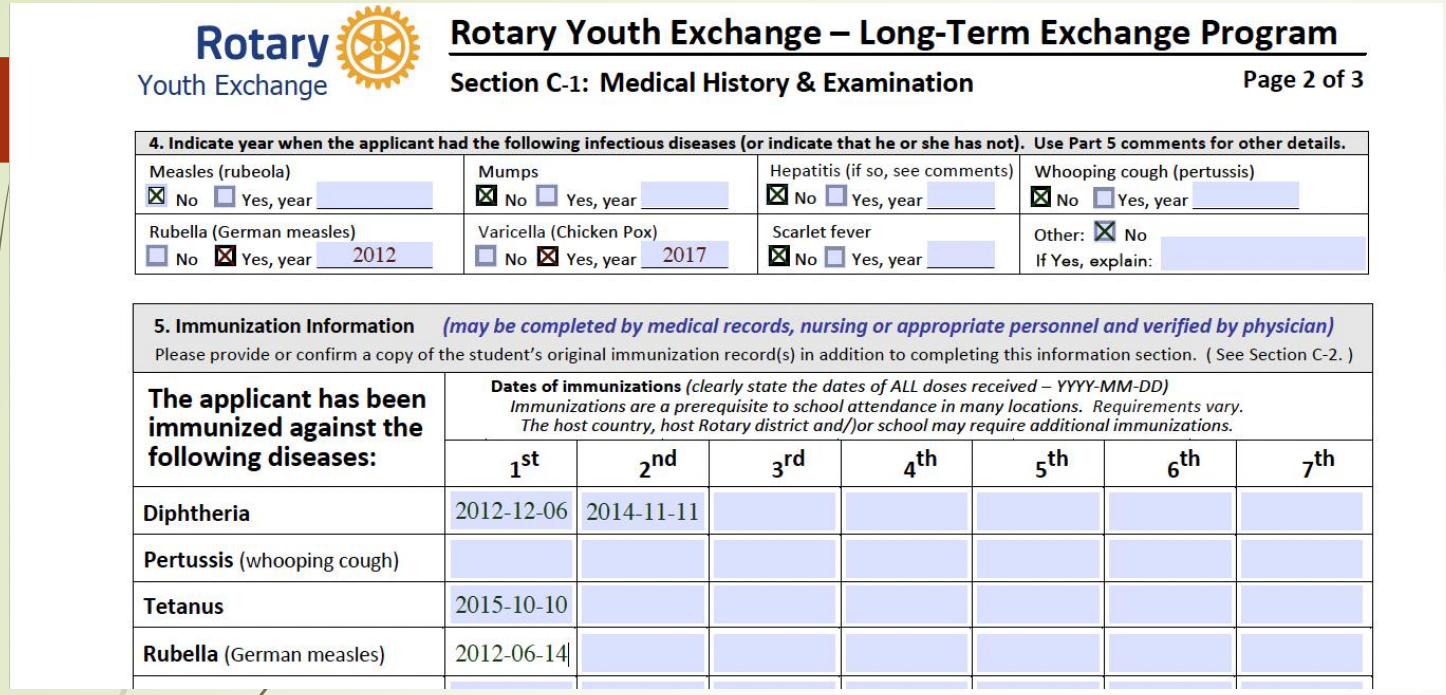
	Yes	No		Yes	No
a. Allergies	☒	☐	n. Liver disease/hepatitis	☐	☒
b. **Anorexia/bulimia/other eating disorder***	☐	☒	o. Malaria	☐	☒
c. Appendicitis	☐	☒	p. Menstrual disorders	☐	☒
d. Arthritis	☐	☒	**q. Mental disorders***	☐	☒
e. Asthma	☐	☒	r. Pneumonia	☐	☒
f. Attention deficit disorder*	☐	☒	s. Rheumatic fever	☐	☒
g. Bowel problems	☐	☒	t. Serious headache/migraine	☐	☒
h. Cancer	☐	☒	u. Stomach ulcer	☐	☒
i. Diabetes	☐	☒	v. Typhoid fever	☐	☒
j. Epilepsy/seizures	☐	☒	w. Urinary tract infection	☐	☒
k. Hearing loss	☒	☐	x. Vertigo/dizziness	☐	☒
l. Heart disease	☐	☒	y. Visual correction – eyeglasses/contact lenses	☐	☒
m. Hernia	☐	☒	z. Visual problems – other	☐	☒

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?	☐	☒
b. Taken any prescribed medication in the past six months?	☒	☐
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?	☐	☒
d. Ever used heroin, cocaine, marijuana or other hallucinogens, amphetamines, or other street drugs?	☐	☒
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?	☐	☒
f. Had excessive weight gain or loss recently?	☐	☒
g. Suffered chest pain, wheezing, shortness of breath, or fainting episodes?	☐	☒
h. Suffered chronic diarrhea, vomiting, abdominal pain, or constipation?	☐	☒
i. Exhibited chronic skin conditions (e.g., severe acne, eczema, psoriasis)?	☐	☒
j. Suffered weakness of neurological or muscular skeletal system?	☐	☒
k. Had any dietary restrictions? If yes, specify and note reason (medical, religious, personal choice):	☐	☒

If you answered "Yes" for any parts of questions 2 and 3, please explain (except non-medical dietary restrictions):
Affirmative answers to questions 2b, 2f, 2q, and/or 3c require a letter of explanation from the treating physician

Question (e.g., 2e)	Nature and severity of disorder, diagnosis, frequency of attacks, prognosis, and treatment	Dates and duration
2a	allergy to pine nuts	from the age of 14
2k	20% hearing loss in the left ear	from birth
3b	vitamin D due to deficiency	last 2 months

- Należy zaznaczyć wszystkie pola
- Koniecznie napisać wyjaśnienia w przypadku zaznaczenia opcji „Yes"
- Jeśli brakło miejsca dołączyć osobną stronę pdf z dalszą częścią tabeli wyjaśnień



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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) ☒ No ☐ Yes, year	Mumps ☒ No ☐ Yes, year	Hepatitis (if so, see comments) ☒ No ☐ Yes, year	Whooping cough (pertussis) ☒ No ☐ Yes, year
Rubella (German measles) ☐ No ☒ Yes, year 2012	Varicella (Chicken Pox) ☐ No ☒ Yes, year 2017	Scarlet fever ☒ No ☐ Yes, year	Other: ☒ No If Yes, explain:

5. Immunization Information *(may be completed by medical records, nursing or appropriate personnel and verified by physician)*

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)* *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.*						
	1st	2nd	3rd	4th	5th	6th	7th
Diphtheria	2012-12-06	2014-11-11					
Pertussis (whooping cough)							
Tetanus	2015-10-10						
Rubella (German measles)	2012-06-14						

- Strony 12 należy wypełnić **KOMPUTEROWO**

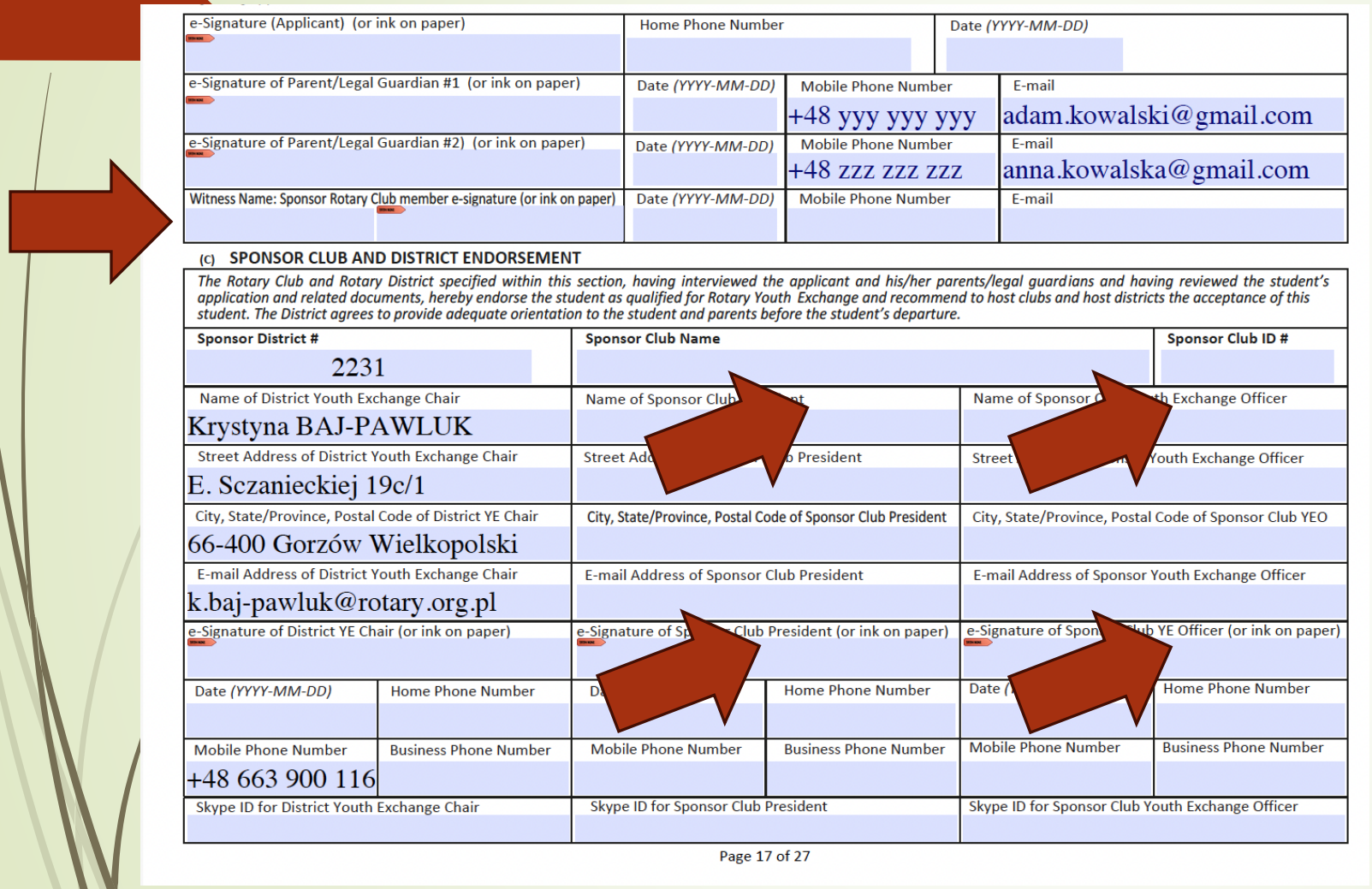
- Na stronie **13** należy **wstępnie wypełnić sekcję 7 na komputerze, wydrukować i wziąć ze sobą na wizytę do lekarza gdzie wypełnić resztę z lekarzem, dać do podpisu i podstemplowania** (ewentualnie po wizycie u lekarza wypełnić komputerowo i jeszcze raz odwiedzić lekarza by podpisał i podstęplował wydruk)

- **Wszystkie podpisy kolorem niebieskim**

- Stronę 13 zeskanować (kolorowo w dobrej jakości) i zastąpić skanem oryginał z aplikacji

- Strony **14** i **15** **przeznaczone są na umieszczenie skanów książeczki szczepień i innych potwierdzeń medycznych (np. covid, czy potwierdzenie innych zabiegów, ..)**
- **Pamiętajcie że skany muszą mieć DOBRĄ JAKOŚĆ (przynajmniej 300dpi)**
- **Stronę 16 wydrukować – wypełnić u lekarza stomatologa**

zeskanować i zastąpić oryginał skanem o dobrej jakości



e-Signature (Applicant) (or ink on paper)	Home Phone Number	Date *(YYYY-MM-DD)*	
e-Signature of Parent/Legal Guardian #1 (or ink on paper)	Date *(YYYY-MM-DD)*	Mobile Phone Number: +48 yyy yyy yyy	E-mail: adam.kowalski@gmail.com
e-Signature of Parent/Legal Guardian #2) (or ink on paper)	Date *(YYYY-MM-DD)*	Mobile Phone Number: +48 zzz zzz zzz	E-mail: anna.kowalska@gmail.com
Witness Name: Sponsor Rotary Club member e-signature (or ink on paper)	Date *(YYYY-MM-DD)*	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 #: 2231	Sponsor Club Name	Sponsor Club ID #
Name of District Youth Exchange Chair: Krystyna BAJ-PAWLUK	Name of Sponsor Club … President	Name of Sponsor … Youth Exchange Officer
Street Address of District Youth Exchange Chair: E. Sczanieckiej 19c/1	Street Add… President	Street … Youth Exchange Officer
City, State/Province, Postal Code of District YE Chair: 66-400 Gorzów Wielkopolski	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: k.baj-pawluk@rotary.org.pl	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 Sp… Club President (or ink on paper)	e-Signature of Spon… YE Officer (or ink on paper)
Date *(YYYY-MM-DD)* / Home Phone Number	D… / Home Phone Number	Date (… / Home Phone Number
Mobile Phone Number: +48 663 900 116 / 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

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- Dane potrzebne do wypełnienia strony 17 **podaje KLUB** podczas jednego ze spotkań z kandydatem
- Stronę wypełniamy komputerowo drukujemy i zanosimy do podpisu do klubu
- Podpis kolorem niebieskim
- **Kolorowym skanem** dobrej jakości zastępujemy oryginał

Podpis przewodniczącej komitetu Krystyny Baj-Pawluk zostanie uzupełniony elektronicznie po pozytywnej walidacji poprawności aplikacji i akceptacji uczestnika do programu LTEP

- Strony **20** do **22** należy wydrukować i podpisać na niebiesko (pamiętajcie żeby **przed wydrukiem** wpisać na komputerze dane świadka ze strony Rotary – dane podaje KLUB)

- Pamiętajcie że skany muszą mieć **DOBRĄ JAKOŚĆ** i być kolorowe

- Stronę 23 należy wydrukować i zanieść do szkoły do wybranego nauczyciela. Wypełnioną w zamkniętej kopercie dostarczyć do klubu lub poprosić o przesłanie jej skanu mailem na wskazany adres rotariański w klubie sponsorującym.

- Aplikację kończą strony przeznaczone na skan ostatniego świadectwa szkolnego i jego tłumaczenia na język angielski (o ile oryginał nie jest w tym języku)

- **Tłumaczenie może być zrobione samodzielnie**
  - **może być to zdjęcie świadectwa z naniesionymi tłumaczeniami**
  - **może to być osobna strona z odpowiednimi tłumaczeniami sformatowana tak by było wiadomo czego dotyczą**