

STUDENT INTERVIEW FORM

For club use only in selecting students to attend RYLA

| CANDIDATE'S NAME | | |
|-----------------------------------|--|--|
| HIGH | SCHOOL | GRADE |
| HOW/WHAT DID YOU HEAR ABOUT RYLA? | | |
| TELL (| JS SOMETHING INTERESTING ABOUT YOURSELF A | ND YOUR FAMILY. |
| WHA ⁻ | MAKES YOU, YOU? (HOBBIES, INTEREST, PASSIC | NS, DREAMS) |
| WHEN THINKING ABOUT YOUR FUTURE: | | |
| | 1)WHAT WOULD YOU DO IF YOU COULD DO AN | NYTHING YOU WANT? |
| | 2)WHAT DO YOU HOPE PEOPLE WOULD SAY AE | BOUT YOU WHEN DESCRIBING YOU TO OTHERS |
| WHA ⁻ PEERS | T DO YOU THINK ARE THE TWO OR THREE MOST P | RESSING PROBLEMS FACING YOU AND YOUR |
| WHA ⁻ | T DO YOU HOPE TO LEARN ABOUT YOURSELF AND | OTHERS AT RYLA? |