

CHALLENGE CAMP
COUNSELOR IN TRAINING APPLICATION
(To accompany registration)

Carole Berman
Director
PO Box 586
Bronxville, NY 10708

914-779-6024 phone
914-793-2685 fax
www.challengecamps.com
Carole@challengecamps.com

Name _____

Home Address _____

High School/College Name _____ Present grade _____

Date of birth _____ Age by June 30th _____

College Address _____

Cell phone _____ Home phone _____

Email _____

Have you ever been a part of a Gifted/Talented program or classes? _____

If yes, please explain _____

My best class is _____

My favorite sport is _____

JV/Varsity sports I play _____

After school clubs/activities I participate in _____

Academic honors/awards I received _____

Community service/activities I am involved in _____

Work/camp experience I have _____

My family members are _____

Who was your favorite teacher and why? _____

What qualities do you possess that would make you a good Counselor in Training? _____

The information I have given above is correct. Providing Challenge Camp with false information would prohibit me from participating in the Counselor in Training program.

Signature _____ Date _____

Please mail or fax your application to: Challenge Camp, PO Box 586, Bronxville, NY 10708