

**CHALLENGE CAMP  
COUNSELOR APPLICATION**

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**Name** \_\_\_\_\_

**Home Address** \_\_\_\_\_

**School/College Name** \_\_\_\_\_

**Present Grade/Year** \_\_\_\_\_

**College  
Address** \_\_\_\_\_

**Town/City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Telephone** \_\_\_\_\_

**E-mail** \_\_\_\_\_

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

**YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**If you answered YES to the question above, please explain:**

\_\_\_\_\_  
\_\_\_\_\_

**My Best Class:** \_\_\_\_\_

**My Favorite Sport:** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Age** \_\_\_\_\_

**Varsity/Junior Varsity Sports I Play:**

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**After School Clubs/Activities I Participate In:**

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**Honors/Awards I Received:**

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**Community Activities I Am Involved In:**

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**Work/Camp Experience I Have:**

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**My Family Members Are:**

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**Who Was Your Favorite Teacher and Why?**

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**What Qualities Do You Possess That Would Make You A Good Counselor?**

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**The Information I have given above is correct. Providing Challenge Camp with false information would be grounds for dismissal.**

**YES \_\_\_\_\_ NO \_\_\_\_\_**

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**SIGNATURE**

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**DATE**

**Please mail or fax your application to:**

**Challenge Camp  
Counselor Application  
PO Box 586  
Bronxville, NY 10708  
Fax: (914) 793 - 2685**

**Questions? please call: (914)779-6024, (917)553-4522, fax: (914)793-2685  
e-mail: [Challengecamps@aol.com](mailto:Challengecamps@aol.com)**