

COUNSELOR EXCHANGE APPLICATION

We believe that having the opportunity to share ideas and best practices between camps can only make a good thing even better. Funding is available to cover travel costs for experienced counselors to volunteer at a different camp serving children with chronic illnesses, other than their own camp up to \$500.00. Counselors must be over the age of 18, have volunteered a minimum of 3 years at their home camp and be recommended for the counselor exchange by their local chapter or current home camp.

First Name: _____ Middle Initial: _____ Last Name: _____

Applicant Date of Birth: ____/____/____

Address: _____

City/Town: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

What is the best way to reach the applicant? _____

How did you hear about the Colburn-Keenan Foundation? *(required)* _____

What bleeding disorder does your camp support: _____

What is the name of your home camp? _____

What is the address of your home camp? _____

How many years have you volunteered at this camp? _____

What were your responsibilities at your home camp? _____

What camp will you be participating in a counselor exchange program? _____

What is the address of this camp? _____

What dates will you be attending? _____

What will your responsibilities be at this camp? _____

Letter of Recommendation (this is required) – Please attach a letter of recommendation for the counselor exchange by your local chapter or current home camp. This must be a bleeding disorder camp.

Letter of Acceptance (this is required) – Please attach a letter of acceptance from the new camp informing you of your counselor position along with dates you will be there.

Why do you feel this program is important? _____

What travel costs are you requesting? _____

I confirm that the information provided on this application form and in all supporting documentation is complete and accurate. I understand that grant assistance is not guaranteed. I understand that, if my grant request is approved, **the Colburn-Keenan Foundation, Inc. “CKF” would reimburse me for travel costs once they receive a complete report with receipts within 30 days from the end of the camp date and it would be my responsibility to get the reports and receipts to CKF.**

By signing, I attest that I have read the above and agree to abide by the policies of the Counselor Exchange program as outlined in this application and through all other correspondence with the Colburn-Keenan Foundation, Inc. I attest that I am a United States citizen or legally living permanently in the United States.

Applicant’s Signature: _____ Date: _____