

## 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 inherited bleeding disorders, 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 chronic inherited 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 chronic inherited 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: \_\_\_\_\_