

2009 Student Camp Leadership Academy
Applicant Information Form

Name _____

Permanent Address:
__Preferred Mailing Address

School Address:
__Preferred Mailing Address

Street

Street

City State Zip code

City State Zip code

Phone _____

Phone _____

Email _____

Email _____

Academic Information

College or University: _____

Major Area of Study: _____

Year in school for 2007-2008: (Check one) Junior _____ Senior _____ Graduate _____

Applicant Certification

- I. The information provided in this document is accurate and reflects my educational and work experiences.*
- II. I understand that if I am not a member of the American Camp Association (ACA), in good standing, or if any of the information is found to be untrue, that an ACA Section and/or the Student Camp Leadership Academy Committee will not review my application.*

Applicant's Signature: _____ Date: _____

Advisor's Certification

Please have your academic advisor read your application and sign below.
I have read the application and attest in signing this form that the information provided is accurate and truthful to the best of my knowledge.

Advisor's Signature: _____ Date: _____

Please Print: _____

ACA Section Representative Certification

ACA Section Executive Signature: _____ Date: _____

Essay Question

Please state your response to the following questions:

1. Why are you considering the camp profession?
2. How do you plan to apply what you have learned and experienced at the University/College and Camp to obtain your career goals?
3. Why should you be considered for the SCLA and how do you perceive that this experience will assist you with your career in the camp profession?

Your answer should follow the following presentation format:

1. Cover page with Title and Applicant Name
2. Essay should be double spaces, one sided, and no more than 2 pages