

The Max and Marion Caldwell Foundation

"Caldwell's Camp Counselor Education Grant" Application

Application deadline is July 1st

This grant awards \$1,000 toward college tuition for a different camp counselor each year. It was created to thank camp counselors for their dedication to campers and the camp industry.

The applicant must have worked at an ACA-accredited summer camp in Northern California for 3 summers or have completed 2 summers and be hired for the 3rd. The candidate must have worked as a counselor at least two of the three years and have the recommendation of the camp's director. The grant will be awarded directly to the educational institution of the recipient's choosing within 12 months.

Name:

First _____ MI _____ Last _____

Home Address:

Street/PO Box _____

City _____ State _____ Zip Code _____

Cell Phone: _____

Home Phone: _____

Email: _____

School _____ Year in School _____

School Address:

Street/PO Box _____

City _____ State _____ Zip Code _____

School Phone: _____

Date of Birth ____ / ____ / ____

Camp(s) worked _____

Positions Held _____ Dates: _____

Positions Held _____ Dates: _____

Positions Held _____ Dates: _____

Positions Held _____ Dates: _____

Please respond to the following questions:

Why did you become a camp counselor?

How did you contribute to the camp experience of campers?

How did you contribute to the camp experience of your fellow staff members?

What extracurricular activities or hobbies do you participate in?

ESSAY

Write a 250 word essay on what you gained from your counseling experience and what impact this experience has had in your life: (Include additional piece of paper if necessary)

References – Three (3) recommendations must be submitted to complete an application. Please furnish the name and contact information of three references (ex: current teacher, parent of a camper, or coach). One of these **MUST** be from the camp director. Have each reference mail in a completed reference form (download from the Caldwell Foundation website) directly to the Max and Marion Caldwell Foundation. The student’s application will not be processed until all three recommendations are received.

1. Camp Director:

Name _____
Address _____ Phone _____
Camp _____ Email _____

2. Name _____

Address _____ Phone _____
Relationship _____ Email _____

3. Name _____

Address _____ Phone _____
Relationship _____ Email _____

The Max and Marion Caldwell Foundation shall not be liable, nor held responsible for any injury, death, loss or damage to any person or property associated with the default of any person, company, or association providing accommodation or transportation connected with the Grant.

() I give permission to The Max and Marion Caldwell Foundation and related camps to use my information from my letters, application and photo.

Signature of Applicant: _____

Date: _____

Questions? Email Clare Schneider at clare.schneider@gmail.com or Pat Veatch at pat@kennolyn.com or phone Pat at Kennolyn on 831.479.6714.

Please return this form to:
The Max and Marion Caldwell Foundation
PO Box 1653 Capitola, CA 95010