



For semester: _____
 (example: Fall 2021)

Proposed dates: _____
 (example: January-April 2021)

Email Address: _____

Home Address: _____

Phone Number: _____

Emergency Contact/Relationship: _____

Emergency Contact Phone: _____

Current Address (if different from above): _____

University/College: _____

Are you seeking to gain university credit for your Practicum? _____

If yes, how many hours do you need to complete? _____

Recreation/Allied Health Coursework, completed and current:

Course Title	Institution	Semester

References (Please note that if accepted, you will need to submit 3 reference letters)

Name	Relationship	Contact Information

What camp are you interested in?

Why are you interested in this Camp Practicum experience?

What are your goals for your Practicum?

Please submit all items below to
cfoelsch@childrens-specialized.org

1. Completed application
2. A resume
3. A cover letter that you feel represents you well