

CEDARKIRK | 2012 SHL & CLIP APPLICATION

Name _____ Prefer to be called _____

Home Phone # (____) _____ Cell # (____) _____ Email _____

Address _____

City _____ State _____ Zip Code _____

Have you participated in the Senior High Leadership Program at Cedarkirk before? Yes No

If yes, list approximate dates and which program(s) (SHL or CLIP):

Give two names of non-related adults who could provide a work or character reference (please provide their name, telephone number, email address, and position or title):

1. _____

2. _____

Write a short paragraph about what you think our leadership programs should accomplish.

Please tell us about any service or leadership experience you have.

Why do you want to be a part of Cedarkirk's SHL or CLIP program this summer?

Tell us about something in which you are involved or interested. (i.e. school activities, church involvement, or other things).

CLIP applicants only: What personal goals do you hope to achieve through this intensive leadership program?

All applications are reviewed. We treat this application as we do our staff applications: we may call you and/or your references as part of finalizing your acceptance the SHL/CLIP program. In addition to this application, you also need to register for your desired sessions using the printed registration form or using our website at www.cedarkirk.org. Deposits will be refunded if you are not selected to the program.

If this Supplemental Application is not received by Cedarkirk within two weeks of your initial registration date, you will be dropped from the program. Please return this form or fill it out online at your earliest convenience.