



**DUE January 15<sup>th</sup> 2018**

Send to GLHF at  
 638 N. 18<sup>th</sup> St. Suite #108, Milwaukee WI  
 Email: [kfrederick@glhf.org](mailto:kfrederick@glhf.org)  
 Fax: 414.257.1225.

## LEADER IN TRAINING APPLICATION 2018

### 1. GENERAL INFORMATION

APPLICANT INFORMATION					
Last Name		First		M.I.	
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		Birthdate			
Email					
Parent Email					
<b>**Make sure you are checking your email. This is our main way of communicating information to you! **</b>					
Hemophilia Treatment Center					
Have you attended Camp Klotty Pine as a camper before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, what years?		
Have you been an LIT at Camp Klotty Pine before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, what years?		
Are you able to attend the LIT Winter Training February 9-11 <sup>th</sup> ?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, explain		
Are you able to attend the LIT Spring Training April 27 <sup>th</sup> -29 <sup>th</sup> ?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, explain		

EDUCATION	
High School	Address
Grade	Expected Graduation Date

EMERGENCY CONTACT	
Parent/Guardian #1 Name	Relationship:
Phone Number	
Parent/Guardian #1 Name	Relationship:
Phone Number	

## 2. ESSAY QUESTIONS

We would like to get to know you through the application material and believe that your thoughtful, well-constructed short answer questions are an important step in the process. Your answers should be of sufficient length to demonstrate your writing ability and do justice to the topic, please write responses **no less than 50 words for each of the questions** below. Your responses **MUST** accompany your application.

### Returning LITs

1. How do you feel you have improved as a counseling figure after last summer at Camp Klotty Pine?
2. What do you feel you still need to improve upon?
3. What do you feel your strengths are at camp? In other words, what do you bring to camp?
4. What other experiences (youth groups, volunteer work, work experience) do you have that you think will help you be a successful LIT?
5. What are three goals you have for the upcoming summer?

### New LITs

1. Do you engage in any hobbies or activities on a regular basis? What are they, and why do you enjoy them?
2. Tell us about any experience you have working with youth that would be relative to your position at camp. (Volunteering, babysitting, classes, workshops)
3. Describe your involvement, if any, with the bleeding disorders community.
4. What some goals for yourself that you wish to develop as a leader?
5. How would you contribute to the goals and mission of Camp Klotty Pine as an LIT?

*"The mission of Camp Klotty Pine is to enhance the lives of children affected by a bleeding disorder by providing life-changing camp experiences that are exciting, empowering and educational, in a physically safe and medically sound environment."*

## 3. REFERENCES

For this next part, **have three adults to complete the reference form attached to this application.** The references you choose should share a professional or academic relationship (e.g. teacher, coach, band director, job supervisor, HTC social worker or nurse etc.). Please have your references send the completed forms separately to Kailee Frederick at GLHF via fax, email, or post.

Full Name		Email	
Relationship		Phone	
Full Name		Email	
Relationship		Phone	
Full Name		Email	
Relationship		Phone	