



## Summer 2009 Camp Extreme For Girls Camper Application

Thank you for your interest in Camp Extreme.

By reaching out and completing this application you have taken your first step on a meaningful journey. We look forward to providing you with a fun, safe, transformative summer experience.

The 2009 girls program will run from June 30 through July 20th. Acceptance to the program is contingent upon a fully completed application, interview and letters of recommendation.

A \$100 nonrefundable application fee is required upon submission.

After the initial application is submitted and processed, applicants who are deemed appropriate for our program will be contacted and sent an additional, more detailed enrollment package and to schedule a personal interview, which is required.

Tuition for the program is \$8000. (Scholarship opportunities are available and offered on a first come first served needs basis. It is therefore advantageous to return applications and scholarship forms in a timely fashion. Please contact the office for a scholarship application. Full Tuition payment is due by June 1st. If full payment is not received by June 1st, program registration will be cancelled. No applicant will be able to attend Camp Extreme with an open balance.

Checks should be made payable to CAMP EXTREME. Visa/Master Card/ American Express accepted. No postdated checks please. Bounced checks will incur a \$35 inconvenience fee.

Return Application to:

Project Extreme  
335 Central Avenue  
Lawrence, NY 11559  
Ph. 516.612.3922  
Fx. 516.612.3924

Or email:  
[Ayalah@projectextreme.org](mailto:Ayalah@projectextreme.org)



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Photos Must Be  
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## APPLICANT INFORMATION

Camper Name: \_\_\_\_\_ Hebrew Name: \_\_\_\_\_  
Last First (as appears on your ID)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Citizenship: \_\_\_\_\_

In case of Emergency contact: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

How did you learn about this program? \_\_\_\_\_

Is there a particular person that referred you? \_\_\_\_\_

### Past Summer Program History

Have you attended any other summer program before this year? \_\_Yes \_\_No

If yes, which camp/program?

Dates	Name of Camp	Length of Camp	Counselor Name	Reason for Not Returning

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## Academic History

Please outline your academic history, including elementary school, beginning with most recent:

Year(s)	School Name and Contact Information	Last Grade Completed	Reason For Leaving

## Medical or Psychological Treatment

Within the last 12 months have you received, or are you presently receiving treatment for any medical or psychological condition?       Yes       No

If yes, please describe:

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## References

Please submit three letters of recommendation with full contact information. At least one letter must be from a school principal or local Rabbi with whom you have a relationship. Please provide the names and addresses of these three persons [not relatives] having knowledge of your character, experience, and ability.

Name	Relationship	Address, Phone and Email

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## FAMILY INFORMATION

Father's Name: \_\_\_\_\_  
Last First

Father's Hebrew Name: \_\_\_\_\_

Address (if different from the applicant's):  
\_\_\_\_\_

Occupation: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Father's Email Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
Last First

Mother's Hebrew Name: \_\_\_\_\_

Address (if different from the applicant's):  
\_\_\_\_\_

Occupation: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mother's Email Address: \_\_\_\_\_

I hereby certify that all items on this application are answered accurately and completely to the best of my knowledge.

Applicant's Signature: \_\_\_\_\_ Parent's Signature \_\_\_\_\_

Date: \_\_\_\_\_