

Application for CIT

Personal Information

Date

NAME (LAST NAME FIRST)			
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO.	SECONDARY PHONE NO.	REFERRED BY	

E-MAIL ADDRESS

Education History

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL				

References (LIST BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.)

NAME	ADDRESS	BUSINESS	YEARS KNOWN

Supplemental Questions

1. Why would you like to be a counselor in training?
2. Please describe the qualities and characteristics about yourself that would make you an effective counselor in training.
3. Please list your extra-curricular activities including leadership positions held and years involved.
4. What three words would your peers use to describe you?