



**LEADER IN TRAINING PROGRAM (LIT) AND THE**  
**COUNSELOR-IN TRAINING PROGRAM (CIT)**  
**APPLICATION FORM - 2017**

APPLICANT INFORMATION:

Full Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Age: \_\_\_\_\_ (you must be 14 by September 1, 2017 to apply for the LIT program  
and 15 by September 1, 2017 to apply for the CIT program)

Gender Identity: \_\_\_\_\_ Preferred Pronoun: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

\_\_\_\_\_ Birth date: \_\_\_\_\_

\_\_\_\_\_

e-mail \_\_\_\_\_

EDUCATION HISTORY

School \_\_\_\_\_ Grade completed \_\_\_\_\_

EMPLOYMENT HISTORY and EXPERIENCE WORKING WITH CHILDREN (attach a separate sheet if you  
require more space)

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OTHER SKILLS, ABILITIES and/or TRAINING(i.e. swimming, lifeguard, first aid, musical instrument, etc.)

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TELL US WHY YOU WOULD LIKE TO PARTICIPATE IN THE COUNSELLOR IN TRAINING OR  
YOUTH LEADERSHIP PROGRAM AT UNICAMP

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IS THERE ANYTHING ELSE YOU WOULD LIKE US TO KNOW ABOUT YOU?

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REFERENCES

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WHAT THREE THINGS WOULD YOU LIKE TO LEARN AS A LEADER IN TRAINING AT UNICAMP?