



## 2025 LEADERSHIP CAMP APPLICATION

**TO ALL 2025 LEADERSHIP CAMP APPLICANTS:**

**\*\* This application is to be filled out in its entirety by the prospective camper. \*\***

Age of Campers at Leadership Camp: 15-17 Years Old

*(Note: To be eligible for Leadership Camp, applicant must be 15 years old by June 27, 2025)*

2025 Dates of Leadership Camp: Tuesday, June 17 – Friday, June 27

2025 Tuition for Leadership Camp: \$1,550

Mail your completed application to: ATIS – Leadership Camp  
P.O. Box 565  
Keene Valley, NY 12943

Application Deadline: The initial deadline for applications is December 1, 2024.

Tuition Due: April 1, 2025

We will notify all applicants of their status as soon as possible after December 1, 2024. If camp is full, subsequent applications received will be added to the waiting list in the order in which they are received.

Submission of an application is considered a good faith intention to attend the camp and we do not require a deposit. Once accepted, please advise us as soon as possible if your plans have changed so that we can notify people on the waiting list.

Please note that ATIS is committed to diversity, equity, and inclusion and works to make its programs accessible to all. If the cost of Leadership Camp is not within your family's budget, please indicate so by checking this box: . Your confidentiality will be ensured. If your child is selected for camp via the criteria outlined above, Ben Runyon will contact you to discuss tuition assistance.

If you have any questions, please contact Ben Runyon, Executive Director at [atis@atistrail.org](mailto:atis@atistrail.org)

# LEADERSHIP CAMP - APPLICANT INFORMATION

**Camper's Full Name:** \_\_\_\_\_

Camper's Preferred Name: \_\_\_\_\_

Camper's Gender:     Male     Female     Prefer Not to Say

Camper's Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Camper's Age as of June 27, 2025: \_\_\_\_\_

Grade/Year presently in school: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Parent/Guardian 1 Name:** \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

\_\_\_\_\_

**Parent/Guardian 2 Name:** \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address:     Check here if Parent/Guardian 2 address is the same as Parent/Guardian 1.

\_\_\_\_\_

\_\_\_\_\_

Do you have any disabilities or restrictions?  Yes  No

*If yes, please explain. Please include any psychological evaluations or medications regularly taken.*

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Please describe your extra-curricular interests and hobbies:

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**FIRST TIME APPLICANTS ONLY**

How, or from whom, did you learn about Leadership Camp?

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Please provide 2 references; these should be adults (and not your parents) who know you well and can speak to your character, abilities, and interests.

**Reference 1 Name:** \_\_\_\_\_

Relationship to You: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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Relationship to You: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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