



McLean Project for the Arts

C.I.T. (Counselor-in-Training) Application

Last Name

First Name

Date of Birth (MM/DD/YYYY)

Address

City

State

Zip

Home

Cell

E-Mail

Parent/Legal Guardian Full Name

***Please visit our website for information about our MPA Summer Camp offerings including dates and times. <https://mpaart.org/education/summer-art-camps/>.

(Minimum Requirement is two weeks)

Please list the camp dates for which you are applying:

Which age group would you prefer to work with at camp? Ages 6-8 / Ages 9-12

Have you ever attended a MPA summer camp? Yes / No

Have you ever been a CIT before? Yes / No If so, where?

Why are you applying to be a CIT at McLean Project for the Arts?
