

Trip of a Lifetime

Summer 2012 Counselor Application

P.O. Box 185 H, Scarsdale, NY, 10583

Email Address: webmaster@projecttoal.org

Fax Number: 914-513-2767

Phone Number: 914-874-1051

Website: www.projecttoal.org

Information:

Your student is applying for a full grant provided by Trip of a Lifetime, a 501(c)3 non-profit organization, for a teen tour or summer travel experience. Your student must currently be in the ninth or tenth grade and be from the Tri-State Area. For more information about the application process, please check out our website. All information received in this application will be kept strictly confidential.

Directions:

- 1) Please fill out the following application by **March 15 2012** and return it by either fax, email, or mail
- 2) **Attach a copy of your student's transcript to this application**

Note: We cannot review your student's application until we receive the counselor application

Part 1: Background Information

Directions: Please completely fill out the information below. The more information we receive, the quicker we will be able to make our selections.

Counselor Name: _____

Title: _____

School/Organization Name: _____

Street Address of School/Organization: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____

Email Address: _____

Student Name: _____

Current Grade of Student: _____

Part 2: Student Evaluation

Directions: Please evaluate the following statements honestly

Evaluation	Poor	Fair	Good	Very Good	Excellent
Academic Achievement					
Academic Motivation					
Academic Self-Discipline					
Responsibility					
Leadership					
Self-Confidence					
Concern For Others					
Social Maturity					
Emotional Maturity					

Has this student ever been suspended?

Yes () No ()

If yes, please explain the circumstances and dates:

Has this student ever been placed on academic probation?

Yes () No ()

If yes, please explain the circumstances and dates:

Part Three: Student Recommendation

*Directions: Please write a **one paragraph recommendation** for this student explaining why he/she is a good candidate for this experience. Feel free to write the recommendation in the space below or type it on a separate sheet of paper. The recommendation is a **required** part of the counselor application.*

Please provide any additional information that we should take into consideration.

Part Four: Signature and Agreement

I hereby certify that the information in this application is filled out to the best of my abilities. Not every student that fills out an application will be given a grant. Once we receive both the counselor and student applications, we will contact your student to conduct an interview. During this time, we may also contact you to help us answer questions we have about your student(s). Your cooperation is paramount to ensuring the high quality of students who receive travel grants.

Name _____

Date _____

For additional information regarding the application process, please view the Trip of a Lifetime Website- www.projecttoal.org or email us at webmaster@projecttoal.org . If your students have questions, please feel free to have them contact us or for you to contact them on your behalf. We expect all grant decisions to be made by April 30th

Trip of a Lifetime, Inc. offers to high school students of any race, color, creed, national origin, gender, sexual orientation, and physical ability all the privileges, programs, activities, and opportunities generally accorded or made available through the program. Trip of a Lifetime, Inc. does not discriminate on the basis of race, color, creed, national origin, gender, sexual orientation, or disability in its selection of candidates to receive grants or in the administration of its program. All applicants must also meet the qualifications and conditions of the organization providing the tours, American Trails West.