

ATHLETIC TRAINING STUDENT APPLICATION

Date ____/____/____

Grade in 20-21 school year: 9 10 11 12

Name: Last First Name You Prefer

Address City Zip

Home Telephone #: _____ Cell phone#: _____

Can you send/receive text messages? Yes
 No

Email address: _____

Date of Birth ____ / ____ / ____ Student ID # _____

Honors and Awards received _____

School Subjects of Interest _____

School Subjects of Dislike _____

Possible Career Interests _____

Emergency Phone Numbers

Mother's Daytime Phone (____) ____-____ Father's Daytime Phone (____)
____-____

Mother's Evening Phone (____) ____-____ Father's Evening Phone (____)
____-____

Friend or Relative Name _____ Phone (____) ____-____

** Essay: (Worth 50 points)

Please attach an essay that explains your interest in the Lewisville Sports Medicine Program, what you will bring to the program and how this program will help you accomplish the goals that you have set as a student at Lewisville High School. *Please type your essay. It is advised to proofread and double check your essay!*

REFERENCE FORM- Administrator

Printed name of Applicant: _____

I. Personal Qualities	Exceeds expectations or excellent	Meets Expectations or good	Needs Improvement or minimal	Poor or none	No Basis for judgment
A. Ability to cooperate with others					
B. Attitude: Positive, cheerful					
C. Character					
D. Communication skills					
E. Management skills					
F. Motivation					
G. Outgoing personality					
H. Dependability					
I. Quality of work					
J. Responsible					
K. Maturity					
L. Problem solving ability					
M. Work completed by deadline					

TOTAL POINTS: _____

II. Do you know of any objectionable features in connection with this applicant?

III. What do you consider this applicant's weakest and strongest characteristics?

S _____

W _____

IV. If the applicant were applying for the position named above, would you accept him/her?

Name: _____ **Date:** _____

Relationship to applicant: _____

Please return this form in a sealed envelope to:

Austin DeBoer- Assistant Athletic Trainer LHS Main Campus

REFERENCE FORM- Teacher/Coach

Printed name of Applicant: _____

II. Personal Qualities	Exceeds expectations or excellent	Meets Expectations or good	Needs Improvement or minimal	Poor or none	No Basis for judgment
A. Ability to cooperate with others					
B. Attitude: Positive, cheerful					
C. Character					
D. Communication skills					
E. Management skills					
F. Motivation					
G. Outgoing personality					
H. Dependability					
I. Quality of work					
J. Responsible					
K. Maturity					
L. Problem solving ability					
M. Work completed by deadline					

TOTAL POINTS: _____

II. Do you know of any objectionable features in connection with this applicant?

V. What do you consider this applicant's weakest and strongest characteristics?

S _____

W _____

VI. If the applicant were applying for the position named above, would you accept him/her?

Name: _____ **Date:** _____

Relationship to applicant: _____

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Austin DeBoer- Assistant Athletic Trainer LHS Main Campus

REFERENCE FORM- Teacher/Coach

Printed name of Applicant: _____

III. Personal Qualities	Exceeds expectations or excellent	Meets Expectations or good	Needs Improvement or minimal	Poor or none	No Basis for judgment
A. Ability to cooperate with others					
B. Attitude: Positive, cheerful					
C. Character					
D. Communication skills					
E. Management skills					
F. Motivation					
G. Outgoing personality					
H. Dependability					
I. Quality of work					
J. Responsible					
K. Maturity					
L. Problem solving ability					
M. Work completed by deadline					

TOTAL POINTS: _____

II. Do you know of any objectionable features in connection with this applicant?

VII. What do you consider this applicant's weakest and strongest characteristics?

S _____

W _____

VIII. If the applicant were applying for the position named above, would you accept him/her?

Name: _____ **Date:** _____

Relationship to applicant: _____

Please return this form in a sealed envelope to:

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