



# STUDENT ATHLETIC TRAINER APPLICATION FORM

NAME \_\_\_\_\_  
(Last) (First) (Middle Initial)

PERMANENT HOME ADDRESS \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

PHONE NUMBER(S) PERMANENT ( ) \_\_\_\_\_

UNIVERSITY STUDENT ID \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ CELL PHONE ( ) \_\_\_\_\_

PARENT(S)/GUARDIAN NAME \_\_\_\_\_

HIGH SCHOOL OR COLLEGE CURRENTLY ATTENDING \_\_\_\_\_

\_\_\_\_\_  
(City) (State)

HIGH SCHOOL/COLLEGE: FR SO JR SR PLANNED GRADUATION DATE \_\_\_\_\_

PRESENT G.P.A. \_\_\_\_\_

MAJOR/FIELD OF STUDY \_\_\_\_\_

DESIRED WORK AFTER GRADUATION \_\_\_\_\_

WOULD YOU BE WILLING TO WORK WEEKENDS AND/OR HOLIDAY PERIODS AS A STUDENT  
ATHLETIC TRAINER? YES \_\_\_\_\_ NO \_\_\_\_\_

PLEASE WRITE A SUMMARY ON WHY YOU FEEL LIKE YOU SHOULD BE A PART OF OUR  
ATHLETIC TRAINING PROGRAM.

**By signing this document, I hereby give full permission to the Arkansas Sports Medicine  
staff to review my academic standing at the end of each semester. (U of A students only)**

X \_\_\_\_\_ Date: \_\_\_\_\_