



STUDENT ATHLETIC TRAINER APPLICATION FORM

MR. or MISS NAME _____
(Circle One) (Last) (First) (Middle Initial)

PERMANENT HOME ADDRESS _____
(Street) (City) (State) (Zip Code)

PHONE NUMBER(S): HOME () _____ / CELL () _____

BIRTH DATE _____ E-MAIL ADDRESS _____

PARENT(S)/GUARDIAN NAME (live with) _____

HIGH SCHOOL OR COLLEGE CURRENTLY ATTENDING _____

(City) (State)

PLANNED GRADUATION DATE _____ PRESENT G.P.A. _____

ACT SCORE _____ SAT SCORE _____

LIST ANY PREVIOUS WORK EXPERIENCE/EXTRA CURRICULAR ACTIVITIES: _____

ANTICIPATED MAJOR/FIELD OF STUDY _____

DESIRED WORK AFTER GRADUATION _____

HAVE YOU VISITED THE UNIVERSITY OF KENTUCKY? YES _____ NO _____
HAVE YOU APPLIED TO THE UNIVERSITY OF KENTUCKY? YES _____ NO _____
HAVE YOU BEEN ADMITTED? YES _____ NO _____

DO YOU KNOW ANYONE WHO HAS BEEN IN THE PROGRAM BEFORE? _____

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

DOES YOUR HIGH SCHOOL HAVE AN ATHLETIC TRAINER? YES _____ NO _____

HAVE YOU EVER HAD ANY INTERACTIONS WITH AN ATHLETIC TRAINER? YES _____ NO _____

WHAT ARE 3 WORDS YOU WOULD USE TO DESCRIBE YOURSELF? _____

PLEASE ATTACHED A SUMMARY OF WHY YOU ARE APPLYING TO BE A STUDENT ATHLETIC TRAINING AIDE AT THE UNIVERSITY OF KENTUCKY AND WHAT YOU HOPE TO GAIN FROM THIS OPPORTUNITY. Letters of Recommendation are not required, but accepted.