



STUDENT ATHLETIC TRAINER APPLICATION FORM

NAME _____
(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)

HIGH SCHOOL/COLLEGE: FR SO JR SR 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 _____

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

ATTACH A SUMMARY STATING WHY YOU WISH TO ATTEND THE UNIVERSITY OF
KENTUCKY AS A STUDENT ATHLETIC TRAINER AND YOUR GOALS FOLLOWING
GRADUATION.