

**WRIGHT STATE UNIVERSITY  
ATHLETIC TRAINING EDUCATION PROGRAM (ATEP) APPLICATION**

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

*(Please type or print in blue or black ink)*

Name

\_\_\_\_\_

Last	First	Middle
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Social Security Number \_\_\_\_\_ Phone Number (    ) \_\_\_\_\_

Home Address \_\_\_\_\_

Email Address \_\_\_\_\_

Street	City	State	Zip
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Names of Parents/Guardians \_\_\_\_\_

High School Attended/Graduation Date \_\_\_\_\_ GPA \_\_\_\_\_

List special interests and hobbies:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PREVIOUS ATHLETIC TRAINING/STUDENT AIDE EXPERIENCES:**

1. Athletic Training Workshops/Clinics:  YES     NO

Locations/Dates: \_\_\_\_\_

\_\_\_\_\_

2. Other experiences which have increased your athletic training knowledge/skills:

\_\_\_\_\_

\_\_\_\_\_

3. Sports you have worked with in high school or college:

\_\_\_\_\_

\_\_\_\_\_

4. Name/phone number(s) of high school and/or college Head Athletic Trainer(s):

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5. List significant high school activities you participated in:

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6. List any awards received:

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7. Intended major field of study in college:

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8. Type of work desired after college (if known):

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UNDERGRADUATE APPLICANTS - Please complete the following information:

Current major/minor: \_\_\_\_\_

Current GPA: \_\_\_\_\_

Please check the following courses, which you have completed:

- |  |  |
|--|--|
| <input type="checkbox"/> Basic Principles of Athletic Training       | <input type="checkbox"/> Introduction to Biology |
| <input type="checkbox"/> Assessment of Athletic Injuries             | <input type="checkbox"/> Personal Health         |
| <input type="checkbox"/> Advanced Athletic Training                  | <input type="checkbox"/> Anatomy & Physiology    |
| <input type="checkbox"/> Therapeutic Exercise in Athletic Training   | <input type="checkbox"/> Human Anatomy           |
| <input type="checkbox"/> Therapeutic Modalities in Athletic Training | <input type="checkbox"/> Nutrition               |
| <input type="checkbox"/> Athletic Emergency Care                     | <input type="checkbox"/> Exercise Physiology     |
| <input type="checkbox"/> Organization & Administration of ATR Prgms. | <input type="checkbox"/> Human Biomechanics      |
| <input type="checkbox"/> Other (please describe):                    |  |

TRANSFER STUDENTS - Please complete the following information:

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College/University	Degree Earned	Dates	GPA
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College/University	Degree Earned	Dates	GPA
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ALL APPLICANTS:

List the name and phone numbers of three persons from whom you have requested recommendations. Please have these people forward the recommendation forms on or before the March 1<sup>st</sup> deadline.

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Name	Phone Number
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Name	Phone Number
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Name	Phone Number
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Please return this application and all other materials postmarked by March 1<sup>st</sup> to:

*Rebekah Bower, MS, ATC, LAT  
Education Coordinator, ATEP  
Wright State University  
HPR Dept. – 316 Nutter Ctr.  
3640 Colonel Glenn Highway  
Dayton, OH 45435-0001*