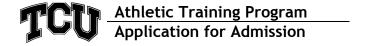


Application Checklist				
	Official acceptance into Texas Christian University			
	Completed Athletic Training Education Program Application			
	2 letters of recommendation (preferably one letter from a Certified/Licensed Athletic Trainer)			
	Copy of all academic transcripts (High School and College, if applicable)			
	Copy of current First Aid certification card			
	CPR & AED certification card			
	Interview: (Interviews will be scheduled at a later date if necessary)			
	Please attach a photograph for recognition purposes			
	Please submit completed application and information to:			
Kelley Henderson, MEd, ATC, LAT				

Kelley Henderson, MEd, ATC, LAT Program Director, Athletic Training Education Texas Christian University P.O. Box 297730 Ft. Worth, TX 76129



## General Information Have you applied for admission to Texas Christian University? YES NO If "yes", have you been accepted? (If "yes", please include a copy of acceptance letter) YES NO **Personal Information** Name Current Address: Zip: Home Phone Number: \_ ( ) -E-mail address: Mailing Address: State: \_\_\_\_\_ Zip: \_\_\_\_\_ **Education:** High School Attended: Date of Graduation: \_\_\_\_\_ Grade Point Average: \_\_\_\_ Class Rank: \_\_\_\_\_ Composite Test Scores: ACT: \_\_\_\_\_ SAT: verbal: \_\_\_\_\_ math: \_\_\_\_ Extra Curricular Activities: \_\_\_\_\_ High School Athletic Training Experience: # of Years: \_\_\_\_\_\_ No Experience: \_\_\_\_\_ Year: Sports Assignments: Year: Year: Year: Supervising H.S. Athletic Trainer:

College and / or University Atter	nded:		
Date of Attendance:	Credit Hours Completed:	Cumulative GPA:	
College Athletic Training Experie	ence: # of Years:	No Experience:	-
Sports Assignments:	Sem / Yr:	# Hours:	-
	Sem / Yr:	# Hours:	-
Supervising College Athletic Train	iner:		
Phone Number:()	E-mail address: _		
Cauraguarie (Diago list any hi			
	gh school or college athletic training cou		
Course Name		Grade	Semester Taken
Other Athletic Training Experi	ence: (Please list any athletic training v	vorkshops, camps, clinics you h	ave attended)
Athletic Participation: (Please	list any High School or Intercollegiate sp	oorts in which you have compet	:ed)
Other Information:			
Are you currently certified in Fir	rst Aid?	n Date:	
Are you currently certified in CP	PR/AED?	n Date:	
Have you started the Hepatitis B	3 Vaccination series?	Ю	
Date of Shot #1:	Date of Shot #2:	Date of Shot #3:	

Ess	ays: (Please answer the following questions. Use additional paper if necessary)
1.	Please describe the experiences that have led you to pursue an education in Athletic Training.
2.	What is your ultimate career goal?
3.	What attracted you to TCU and the Athletic Training Education Program?
4.	Please share any unique facts, experiences, talents, or qualities about yourself that you would like us to know and consider.