



**Athletic Training Program**  
**Application for Admission**

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***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**  
**Program Director, Athletic Training Education**  
**Texas Christian University**  
**P.O. Box 297730**  
**Ft. Worth, TX 76129**



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**Application for Admission**

**General Information**

Have you applied for admission to Texas Christian University?      YES      NO

If "yes", have you been accepted?      YES      NO      (If "yes", please include a copy of acceptance letter)

**Personal Information**

Name \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell Phone Number: \_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

E-mail address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ 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: \_\_\_\_\_

Sports Assignments: \_\_\_\_\_ Year: \_\_\_\_\_

\_\_\_\_\_ Year: \_\_\_\_\_

\_\_\_\_\_ Year: \_\_\_\_\_

\_\_\_\_\_ Year: \_\_\_\_\_

Supervising H.S. Athletic Trainer: \_\_\_\_\_

Phone Number: \_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ E-mail address: \_\_\_\_\_

College and / or University Attended: \_\_\_\_\_

Date of Attendance: \_\_\_\_\_ Credit Hours Completed: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

College Athletic Training Experience: # of Years: \_\_\_\_\_ No Experience: \_\_\_\_\_

Sports Assignments: \_\_\_\_\_ Sem / Yr: \_\_\_\_\_ # Hours: \_\_\_\_\_

\_\_\_\_\_ Sem / Yr: \_\_\_\_\_ # Hours: \_\_\_\_\_

Supervising College Athletic Trainer: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail address: \_\_\_\_\_

**Coursework:** (Please list any high school or college athletic training coursework you have completed)

Course Name	Grade	Semester Taken
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Other Athletic Training Experience:** (Please list any athletic training workshops, camps, clinics you have attended)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Athletic Participation:** (Please list any High School or Intercollegiate sports in which you have competed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other Information:**

Are you currently certified in First Aid? ☐ Yes ☐ No Expiration Date: \_\_\_\_\_

Are you currently certified in CPR/AED? ☐ Yes ☐ No Expiration Date: \_\_\_\_\_

Have you started the Hepatitis B Vaccination series? ☐ Yes ☐ No

Date of Shot #1: \_\_\_\_\_ Date of Shot #2: \_\_\_\_\_ Date of Shot #3: \_\_\_\_\_

**Essays:** (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.