



APPLICATION

Silsbee ISD Sports Medicine Program



Applicant Name:

FIRST LAST

Please give a brief statement concerning why you want to be a student athletic trainer at SHS. Please be truthful ! (USE REVERSE SIDE IF NEEDED)

Grade for 2018-2019 School Year:

Home Address:

STREET

TOWN ZIP

Home Phone #: -- --

Student Cell Phone #: -- --

Father/ Guardian Name:

What are you considering doing after high school graduation?

Parents Cell Phone #: -- --

Mother/ Guardian Name:

What would you like to do as your career?

Parents Cell Phone #: -- --

Extracurricular Activities:

Grade Point Average Class Rank

Have you ever failed a class?

If Yes what class? SUBJECT / TEACHER

Hobbies?

References (Teacher, Administrator):

What are your daily household duties?

1.

2.

3.