



Student Athletic Trainer Application

Butler Community College

Personal Information

Name _____
(Last) (First) (Middle)

Date of Birth _____ Place of Birth _____

Height _____ Weight _____ Marital Status _____

Social Security Number _____ Home Phone _____

Email _____

Parents Name _____

Parents Occupation _____

Students Permanent Address _____
(Street)

_____ (City) (State) (Zip Code)

Education

High School _____
(City) (State)

Date of Graduation _____ Class Rank _____ GPA _____
(Month) (Year)

Honors, Athletic and Extra-curricular Activities, etc. _____

Athletic Training Experience

High School _____
(Name) (Dates) (Sports)

Clinics _____

Why do you wish to become an Athletic Trainer? _____

Are you interested in entering the athletic field after graduation? ____ yes ____ no

If no, what field of work do you expect to enter? _____

Have you had any First Aid Training? _____ or CPR? _____

References

Please list at least three personal references below. At least two of them should be coaches or teachers that you have worked with in the athletic training or athletic field. Please have them send a personal letter of recommendation to me as soon as possible.

Name	Title	Address
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Additional Information

Shirt size - XS S M L XL

Please enclose a recent photograph of yourself if available. Send the completed form and personal references to the following address as soon as possible.

Todd Carter
Director Sports Medicine
BCC
901 S Haverhill Rd
El Dorado, KS 67042
316-322-3220