

**East Texas Baptist University
Athletic Training Education Program
Application**

General Information:

Name: _____ Gender: _____
DOB: _____ Age: _____ SS# _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ e-mail: _____
Father's Name: _____ Mother's Name _____
High School: _____ GPA: _____ Class Rank _____

Transfer Students:

College Attended: _____
Address: _____
City: _____ State: _____ Zip: _____
Major/Minor _____ Class: _____ GPA: _____

Experiences:

Athletic Training: _____

Athletic: _____

Other: _____

Organization: _____

Hobbies/Interests: _____

Certifications:

First Aid: yes/no year: _____ CPR: yes/no year: _____ EMT: yes/no Year: _____
Others: _____

References:

List three references, addresses & phone numbers

1. _____	2. _____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Mail Application, References and transcripts to:

David Collins, MEd, ATC, LAT
Director, Athletic Training Education Program
East Texas Baptist University
1 Tiger Dr
Marshall, TX 75670