



Athletic Training Program
Application for Admission

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:

K. Sean Willeford, MS, ATC, LAT
Program Director, Athletic Training Education
Texas Christian University
P.O. Box 297730
Ft. Worth, TX 76129



Athletic Training Program
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.