Dear Prospect Student:

Thank you for your interest in the Athletic Training Program at Kilgore College. There are a limited number of applicants admitted to the program due to limited space in the classroom and available clinical assignments. Application to the Athletic Training Program is a multi-step process. Acceptance to the program is based on multiple criteria.

If after reviewing this packet you have questions, please feel free to contact me:

Courtney Jenkins, MSS, ATC, LAT
Program Director, Instructor & Athletic Trainer
Office Location- Parks Fitness Center
Phone: 903-983-8638
Email: cjenkins@kilgore.edu

Part I: Admission to Kilgore College

For admission consideration, one must first be admitted to Kilgore College. This requires that the following must be on file in the Registrar's Office. Send the following information to:

OFFICE OF ADMISSIONS & RECORDS
Kilgore College
1100 Broadway
Kilgore, TX 75662

1) Completed application for admission to Kilgore College
2) THEA or alternative placement test scores as required by the college. If there are questions in regard to testing, please contact the KC Testing Office at (903) 983-8215. If remediation is mandated by these test scores, all remedial courses must be completed or with a plan for completion before entering the program.
3) An official copy of all college transcripts

*If currently attending KC, you may have already completed Step 1 and do not need to repeat it.*
Part II: Additional Materials

In addition to admission to Kilgore College, a student must submit additional materials as part of an application packet for the Athletic Training Program. The deadline for all applications is beginning of May each year. This means that all application packets must be postmarked or hand delivered by May 1st. This Athletic Training Program application packet requires that the following be submitted in its entirety to:

ATHLETIC TRAINING PROGRAM  
c/o Courtney Jenkins  
Kilgore College  
1100 Broadway  
Kilgore, TX 75662

Submit the following materials to the above address to complete your application packet for the Athletic Training Program:

_____ 1) Athletic Training Program application for admission form (included)

_____ 2) If you have attended or are attending college, submit a copy of all college transcript(s), including one from Kilgore College

_____ 3) Three (3) Applicant Reference Forms

After the above information has been reviewed, interview eligibility will be determined and interviews will be scheduled during May.

The final decision will then be made as applicants will be numerically ranked and placed into available openings according to their rank. All applicants will then be notified of their conditional acceptance, alternate status, or non-acceptance. For those conditionally accepted, upon successful completion of a Drug Screen and Criminal Background Check, they will be officially accepted into the program to enter in the fall.

Even though Kilgore College has an open-door policy, the Athletic Training Program must limit its enrollment. Successful completion of these criteria provides proof of qualification for the Athletic Training Program but does not guarantee admission to the program. There is no restriction as to gender, age, race, color, creed or religion, national origin, sexual orientation, disability or marital status.

<Application Checklist>

Application and Acceptance to Kilgore College  
Athletic Training Application for Admission Form  
All college transcripts including current KC transcript, if applicable  
Three Applicant Reference Forms
### General Information

<table>
<thead>
<tr>
<th><strong>Student Name</strong></th>
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<tbody>
<tr>
<td><strong>Date of Birth</strong></td>
<td>_____ / _____ / _____</td>
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<tr>
<td><strong>SSN#</strong></td>
<td>__________________</td>
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<td><strong>Email Address</strong></td>
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<td><strong>Permanent Address:</strong></td>
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<td><strong>City/State/Zip:</strong></td>
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<td><strong>Cell Phone:</strong></td>
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<td><strong>Local Address or Dorm:</strong></td>
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</tbody>
</table>

### Emergency Contacts

| **Father/Guardian’s Name:** |  |
| **Address:** |  |
| **City/State/Zip:** |  |
| **Home Phone:** |  |
| **Cell Phone:** |  |
| **Other Phone:** |  |

| **Mother/Guardian’s Name:** |  |
| **Address:** |  |
| **City/State/Zip:** |  |
| **Home Phone:** |  |
| **Cell Phone:** |  |
| **Other Phone:** |  |
Please include any information about your medical history that includes but is not limited to orthopedic injuries, general health issues, hospitalizations, etc. Please explain and list the date of the medical issue then sign at the bottom. If no medical issues occurred please check the correct section and sign at the bottom.

_____ I have experienced one or more significant medical issues.

EXPLAIN: ____________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________

_____ I have experienced no significant medical issues.

I attest that the above mentioned information is complete and accurate.

Student Name, Printed _______________ Athlete Signature _______________ Date _______________

Parent/Guardian Name, Printed (if student is under 18yrs.) _______________ Parent/Guardian Signature _______________ Date _______________
Please, include and **enlarged copy (front and back)** of the Primary’s insurance card. In ‘Secondary Insurance’ please state if the student is covered by a different dental insurance and provide the information needed and a cope of that card as well.

<table>
<thead>
<tr>
<th>STUDENT’S NAME: _____________________________</th>
<th>STUDENT’S SSN: _____________________________</th>
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<tbody>
<tr>
<td>____MY CHILD IS NOT COVERED BY INSURANCE</td>
<td>____MY CHILD IS COVERED BY INSURANCE (FILL OUT BELOW)</td>
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<tr>
<th>PRIMARY INSURANCE COMPANY: ____________________</th>
<th>POLICY/GROUP #: ____________________</th>
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<td>PRIMARY INSURED NAME: _________________________</td>
<td>PRIMARY SSN#: ____________________</td>
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<td>PRIMARY ADDRESS: _____________________________</td>
<td>CITY/STATE/ZIP: ____________________</td>
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<tr>
<td>EMPLOYER: ___________________________________</td>
<td>HOME PHONE: _______________  CELL PHONE: _______________  WORK PHONE: _______________</td>
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<td>PARENT SIGNATURE: ____________________________</td>
<td>DATE: ____________________________</td>
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<td>EMPLOYER: ___________________________________</td>
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<td>PARENT SIGNATURE: ____________________________</td>
<td>DATE: ____________________________</td>
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</table>
EDUCATION HISTORY & EXPERIENCES

HIGH SCHOOL: ________________________ LOCATION: ________________________

GRADUATION DATE: ____/____/_____ GPA: _______ SAT SCORE: _______ ATC SCORE: ______

COLLEGE ATTENDED: _________________________________ DATES ATTENDED: ______________

CREDITS RECEIVED: ___________________________________________________________________

EXPERIENCES

ATHLETIC TRAINING:
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

ATHLETIC:
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

ORGANIZATIONS:
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

ACADEMIC OR COMMUNITY ACHIEVEMENTS:
___________________________________________________________________________________
___________________________________________________________________________________
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EXPLAIN WHY YOU WANT TO BE A PART OF ATHLETIC TRAINING:

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PROFESSIONAL GOALS:

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Please, list three professional references in the space provided and provide a letter of reference from each. These references should be non-relatives. Please provide the information requested below.

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<tr>
<th>REFERENCE # 1</th>
<th>REFERENCE # 2</th>
<th>REFERENCE # 3</th>
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