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  
Department Chair - Kinesiology & 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
# STUDENT ATHLETIC TRAINER APPLICATION

## GENERAL INFORMATION

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>STUDENT NAME</td>
<td></td>
</tr>
<tr>
<td>DATE OF BIRTH</td>
<td><strong><strong><strong>/</strong></strong><em>/</em></strong>____</td>
</tr>
<tr>
<td>EMAIL ADDRESS</td>
<td></td>
</tr>
<tr>
<td>ADDRESS</td>
<td></td>
</tr>
<tr>
<td>CITY/STATE/ZIP</td>
<td></td>
</tr>
<tr>
<td>HOME PHONE</td>
<td>___________________________ CELL PHONE: __________</td>
</tr>
</tbody>
</table>

## EMERGENCY CONTACTS

<table>
<thead>
<tr>
<th>Father/Guardian’s Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS</td>
<td></td>
</tr>
<tr>
<td>CITY/STATE/ZIP</td>
<td></td>
</tr>
<tr>
<td>HOME PHONE</td>
<td>_________________________ CELL PHONE: ____________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mother/Guardian’s Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS</td>
<td></td>
</tr>
<tr>
<td>CITY/STATE/ZIP</td>
<td></td>
</tr>
<tr>
<td>HOME PHONE</td>
<td>_________________________ CELL PHONE: ____________</td>
</tr>
</tbody>
</table>
MEDICAL HISTORY

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 put none in the explain section.

EXPLAIN: ____________________________________________________________

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

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

_________________________________________  __________________________   ______________
Student Name, Printed  SAT Signature  Date

_________________________________________  __________________________   ______________
Parent/Guardian Name, Printed  Parent/Guardian Signature  Date

(if student is under 18yrs.)
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:

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
EXPLAIN WHY YOU WANT TO BE A PART OF ATHLETIC TRAINING:

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

PROFESSIONAL GOALS:

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________


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.

### REFERENCE # 1

<table>
<thead>
<tr>
<th>NAME:</th>
<th>_____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>TITLE:</td>
<td>____________________________</td>
</tr>
<tr>
<td>COMPANY:</td>
<td>____________________________</td>
</tr>
<tr>
<td>ADDRESS:</td>
<td>____________________________</td>
</tr>
<tr>
<td>PHONE NUMBER:</td>
<td>____________________________</td>
</tr>
<tr>
<td>YEARS KNOWN:</td>
<td>____________________________</td>
</tr>
</tbody>
</table>

### REFERENCE # 2

<table>
<thead>
<tr>
<th>NAME:</th>
<th>_____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>TITLE:</td>
<td>____________________________</td>
</tr>
<tr>
<td>COMPANY:</td>
<td>____________________________</td>
</tr>
<tr>
<td>ADDRESS:</td>
<td>____________________________</td>
</tr>
<tr>
<td>PHONE NUMBER:</td>
<td>____________________________</td>
</tr>
<tr>
<td>YEARS KNOWN:</td>
<td>____________________________</td>
</tr>
</tbody>
</table>

### REFERENCE # 3

<table>
<thead>
<tr>
<th>NAME:</th>
<th>_____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>TITLE:</td>
<td>____________________________</td>
</tr>
<tr>
<td>COMPANY:</td>
<td>____________________________</td>
</tr>
<tr>
<td>ADDRESS:</td>
<td>____________________________</td>
</tr>
<tr>
<td>PHONE NUMBER:</td>
<td>____________________________</td>
</tr>
<tr>
<td>YEARS KNOWN:</td>
<td>____________________________</td>
</tr>
</tbody>
</table>