

KILGORE COLLEGE ATHLETIC TRAINING PROGRAM

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				
STUDENT NAME				
DATE OF BIRTH//	<u></u>			
EMAIL ADDRESS				
Address:				
CITY/STATE/ZIP:				
	CELL PHONE:			
	EMERGENCY CONTACTS			
Father/Guardian's Name:				
Address:				
CITY/STATE/ZIP:				
HOME PHONE:	CELL PHONE:			
Mother/Guardian's Name:				
Address:				
CITY/STATE/ZIP:				
Номе Phone:	CELL PHONE:			



MEDICAL HISTORY

Please include any information about orthopedic injuries, general health iss the medical issue then sign at the bot explain section.	sues, hospitalizations, etc. Please exp	plain and list the date of
EXPLAIN:		
I attest that the above mentioned info	ormation is complete and accurate.	
Student Name, Printed	SAT Signature	Date
Parent/Guardian Name, Printed (if student is under 18yrs.)	Parent/Guardian Signature	Date



EDUCATION HISTORY & EXPERIENCES

HIGH SCHOOL:	LOCATION:		
	PA: SAT SCORE: ATC SCORE:		
COLLEGE ATTENDED:	DATES ATTENDED:		
CREDITS RECEIVED:			
	EXPERIENCES		
ATHLETIC TRAINING:			
ATHLETIC:			
ORGANIZATIONS:			
ACADEMIC OR COMMUNITY ACHIEV	MENTS:		

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



REFERENCES

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** NAME: _____ TITLE: _____ COMPANY: ____ ADDRESS: PHONE NUMBER: YEARS KNOWN: REFERENCE # 2 NAME: TITLE: _____ COMPANY: ____ PHONE NUMBER: YEARS KNOWN: REFERENCE #3 NAME: _____ TITLE: _____ COMPANY: ____ ADDRESS:

PHONE NUMBER: _____ YEARS KNOWN: _____