

**Southwestern College Athletic Training  
Education Program  
Prospective Student Questionnaire**

**Personal Information:** *(Please Type or Print)*

Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Mother's Alma Mater: \_\_\_\_\_

Father's Alma Mater: \_\_\_\_\_

**Academic Information:**

High School Attended: \_\_\_\_\_ Graduation

Date: \_\_\_\_\_

Grade Point Average: \_\_\_\_\_ Class Rank: \_\_\_\_\_

ACT or SAT Score: \_\_\_\_\_

Other College/ University Attended: \_\_\_\_\_ Attendance From:

\_\_\_\_\_ To: \_\_\_\_\_

Grade Point Average: \_\_\_\_\_

Academic Interest Area: \_\_\_\_\_

Future Desired Occupation: \_\_\_\_\_

**Athletic Training Information** *(No Experience Required)*

Previous Athletic Training Experience:

\_\_\_\_\_

\_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_

**Return  
to:**

Lisa Braun, MEd, LAT,ATC  
Director of AT Education

**Contact  
Information:**

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