

Defiance College

Athletic Training Education Program Questionnaire

Personal Information:

Name: _____ Father's Name: _____

Address: _____ Occupation: _____

City: _____ State: ____ Mother's Name: _____

ZIP: _____ Phone: _____ Occupation: _____

e-mail: _____

Do you know anyone who is, or has, attending Defiance College?

If yes, who? _____

Academic Information:

H.S. Name: _____ City: _____ State: ____

Class Rank: ____ out of ____ students. H.S. GPA: _____

SAT Score: _____ ACT Score: _____

Academic Honors: _____

Extracurricular Activities: _____

Athletic Training Experience: _____

Please briefly describe your career goals: _____
