

Sports Medicine Internship Program Application
Arizona Western College Athletics

Hello there!

Thank you for your interest in the AWC Sports Medicine Internship Program! To apply for an internship position, please see the list of requirements below. Use this as a checklist to ensure that you have everything finished prior to submitting. Incomplete applications will not be accepted.

1. Signed handbook agreement
 - Please read the student internship handbook (available on the website) and attach the signed agreement page.
2. Completed application (in blue/black ink)
 - The following two pages must be completed with accurate information and attached in your final application.
3. Letter of interest
 - This is a letter/essay written to give a snapshot of you and is used to set you apart from other applicants. Write about yourself, why you are interested in the internship program, your career goals, how a position in the SMIP would benefit you, your work experience, what you hope to learn from the program, and any extracurricular/volunteer work you are a part of. Please use a plain business font (i.e. Arial or Times New Roman), proof read your work, and make it one page or less.
4. Two letters/forms of recommendation
 - Preferably from coaches, professors, or medical professionals that you have shadowed in the past. You can use the template provided on the website or simply ask them to write a letter of recommendation.
5. High school transcripts
 - Unofficial transcripts are acceptable, as long as they show all course grades through graduation.

Once your application is complete you can bring it to the Athletic Training Office (in the GY Building), fax, or email scans of the document. If you have any questions, please do not hesitate to contact me. Thank you again for your interest and I look forward to reviewing your application!

Alli Griffin, LAT, ATC

Athletic Trainer and Adjunct Professor of Sports Medicine

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Please either fill out application in blue/black ink or type.

Information:

Applicant Name:		Date:	
Address:			
Phone Number:		Email:	
Date of Birth:		Age:	
Year (Fresh/Soph):		Shirt Size:	XS S M L XL XXL XXXL
Are you 18 years old or older?			Yes No
Are you a U.S. citizen or approved to work in the United States?			Yes No
Do you have any condition which would require job accommodations?			Yes No
If yes, please describe the necessary accommodations:			
Have you ever been convicted of a criminal offense?			Yes No
If yes, please provide pertinent details:			

(Note: No applicant will be denied internship solely based on the grounds of conditional accommodations or conviction of a criminal offense.)

Education:

Please list your current course schedule. Include the name of the course, when the class meets (days and times), and the professor's name.

Course Name:	Course Day/Time:	Professor:

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Sports Medicine Internship Program:

Are you available to start working immediately?	Yes	No
If not, what date are you available to begin working?		
Do you intend to have a part-time job while being in the SMIP?	Yes	No
If yes, what will your schedule at work be?		
Do you have reliable transportation to/from AWC Main Campus?	Yes	No

Do you have previous work experience in the field of sports medicine?	Yes	No
If yes, provide the name and phone number of your supervising athletic trainer and include how many hours you worked/observed.		

How did you hear about the program?	
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In signing, I agree with and understand all policies and/or qualifications stated in the handbook, and certify that the above information is correct. If any of the above information is changes, I will notify the Athletic Trainer as soon as possible.

Print Name: _____ Signature: _____

