

**DODGE CITY COMMUNITY COLLEGE
ATHLETIC TRAINING PROSPECTIVE
STUDENT INFORMATION**

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Home Phone: _____ Cell Phone: _____

High School: _____ Graduation Year: _____

High School Guidance Counselor: _____

Class Rank: _____ of _____

ACT Scores: Eng _____ Math _____ Reading _____ Science _____ Comp _____

Have you ever attended a student athletic training workshop? Y N

If yes, where & when? _____

Planned Major: 1) _____ 2) _____

Other colleges you are considering: _____

Why would you like to be a part of the Dodge City Community College Athletic Training Team?

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- **Please provide 3 letter of reference**
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