**Heritage High School Sports Medicine III Application**

 **PERSONAL INFORMATION**

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

  Last First Middle Initial

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

 City State Zip

 Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Year in School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Point Average: \_\_\_\_\_\_\_\_\_\_\_

 **REQUIRED COURSE INFORMATION**

Sports Medicine I: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_

 **Year Taken**

Sports Medicine II: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_

 **Year Taken**

**SHORT ANSWER**

1. In two or three sentences, explain why you would like to participate in the Sports

 Medicine program.

2 What possible career paths are you thinking about? Why?

**ADDITIONAL INFORMATION REQUIRED**

 Please submit two letters of recommendation with this application by March 5th, 2021

 I hereby agree that the information I have provided is accurate and current.

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

**Heritage High School Sports Medicine III Recommendation Form**

Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Year in School \_\_\_\_\_\_\_.

 Last Name First Name MI

Individual Recommending Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 Last Name First Name

How long have you known this applicant and in what capacity? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Please take a moment to evaluate this applicant, your feedback is appreciated! We thank you for your continuing support of this unique experience for Heritage High students.

General Work Traits Low High

Dependability 1 2 3 4

Initiative 1 2 3 4

Punctuality 1 2 3 4

Preparedness 1 2 3 4

Attitude 1 2 3 4

Judgment 1 2 3 4

Please feel free to provide any other information:

**Please check one**: Highly Recommend \_\_\_\_\_ , Recommend \_\_\_\_\_\_, Do not Recommend \_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Date

Please return before March 5th, 2021 to applicant in a sealed envelope, send via email to rbanks@wcpss.net or mail to:

Heritage High School

Attn: Becky Banks

1150 Forestville Road

Wake Forest, NC 27587

**Heritage High School Sports Medicine III Recommendation Form**

Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Year in School \_\_\_\_\_\_\_.

 Last Name First Name MI

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 Last Name First Name

How long have you known this applicant and in what capacity? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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Preparedness 1 2 3 4

Attitude 1 2 3 4

Judgment 1 2 3 4

Please feel free to provide any other information:

**Please check one**: Highly Recommend \_\_\_\_\_ , Recommend \_\_\_\_\_\_, Do not Recommend \_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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