**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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