



Thank you for your interest in our athletic training program. Also, I encourage you to contact our admissions department for information and an admissions application. The Phone # for admissions is 806-720-7151.

The Lubbock Christian University athletic training program offers experience for a variety of career opportunities including the internship route to License by the Texas Advisory Board of Athletic Trainers. Our clinical experiences include prevention, evaluation, first aid, rehabilitation, organization, administration, education and counseling of all injuries that occur to men and women athletes. The clinical setting includes a coed athletic training room with a variety of therapeutic modalities.

A pamphlet explaining possible financial assistance based on your ACT or SAT scores may be obtained through our admissions department. To receive any type of assistance you must complete all financial assistance forms. These are available through the financial aid office. These applications should be submitted following completion of your parent's tax return for the year previous to enrollment.

There is the possibility of a scholarship and books or work-study through the Athletics Department. The majority of assistance is based on ACT/SAT and or cumulative GPA. The remaining assistance is based on work-study eligibility and availability of budget. So, the importance of getting this information in is critical to obtain possible financial help. I will need three reference letters and an application from you before a decision will be made on a position.

We are interested in the possibility of you being a part of our athletic training program. After you have reviewed this information, we are interested in having you visit our athletic training program. Please keep in contact with me about enrolling at LCU. If you should have any questions, please don't hesitate to contact me. Please return the attached application to Dustin Driskill, Lubbock Christian University, 5601 19<sup>th</sup>, Lubbock, TX 79407

Sincerely,

Dustin Driskill, ATC/LAT  
Head Athletic Trainer



# Lubbock Christian University Athletic Training Program Athletic Training Student Application

Please complete the following and return to Dustin Driskill, Lubbock Christian University, 5601 West 19<sup>th</sup> Street, Lubbock, Texas, 79407.

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

Address: \_\_\_\_\_  
Street or P.O. Box City State Zip

Phone: \_\_\_\_\_ Parent's Phone: \_\_\_\_\_

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

Parent's Names: \_\_\_\_\_

Parent's Address: \_\_\_\_\_  
Street or P.O. Box City State Zip

Summer Address: \_\_\_\_\_  
Street or P.O. Box City State Zip

## EDUCATION

High School:

School	City	State	Dates
--------	------	-------	-------

High School honors, athletic and extra-curricular activities, clubs, professional and social affiliations, scholarships, etc.

---

---

---

---

---

---

---

---

College:

Are you attending a College or University other than LCU? Yes\_\_\_ No\_\_\_

---

School	City	State	Dates
Academic Year: Freshman_____ Sophomore_____ Junior_____ Senior_____			
Major:_____	Minor:_____		

Other Schools or Special Training:

---

---

ATHLETIC TRAINING EXPERIENCE

Were you an athletic training student in High School: Yes\_\_\_\_\_ No\_\_\_\_\_

Number of years\_\_\_\_\_

Were you supervised by an NATABOC Certified Athletic Trainer? Yes\_\_\_\_\_ No\_\_\_\_\_

Number of hours\_\_\_\_\_

Were you an athletic training student at another university or college? Yes\_\_\_\_\_ No\_\_\_\_\_

Number of years\_\_\_\_\_

Any additional athletic training experience: (professional teams, summer leagues, workshops and/or clinics attended)

---

---

---

ADDITIONAL INFORMATION

Are you a student member of the National Athletic Trainers' Association? Yes\_\_\_\_\_ No\_\_\_\_\_

Do you expect to make athletic training your primary career choice? Yes\_\_\_\_\_ No\_\_\_\_\_

Are you CPR certified? Yes\_\_\_\_\_ No\_\_\_\_\_

Are you certified in First Aid? Yes\_\_\_\_\_ No\_\_\_\_\_

**Please answer the following questions on a separate sheet of paper to the best of your ability. Please type or word process.**

1. Other than the classic definition of prevention, evaluation, management, and rehabilitation of athletic injuries, describe the profession of athletic training.
2. Why do you want to be licensed and certified athletic trainer
3. What unique qualities can you bring to our program?
4. Where do you want to be professionally 5 years after you graduate from our program?
5. What role should a certified or licensed athletic trainer play in the total athletic program?

**Please use the following form to obtain three references and send them to the address at the bottom of the form.**

Confidential Recommendation for the Athletic Training Program

Applicant's Name (print) \_\_\_\_\_

I waive my right to read this letter of recommendation:

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

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

I do not waive my right to read this letter of recommendation:

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

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

---

1. How long have you known the applicant? \_\_\_\_\_

2. In what relationship? \_\_\_\_\_

**Important Note**

It is important that the applicant is rated only on the observations of their behavior and abilities. **However, if more than six (6) NA's are used, the form will be considered invalid. A letter of recommendation will not be accepted in lieu of this form.**

**Please use the following rating key:**

4=Outstanding, 3=Above Average, 2=Average, 1=Below Average, N/A=Not Applicable

**Poise**

- |   |   |   |   |   |    |
|---|---|---|---|---|----|
| 1. Personal appearance – neat and clean   | 1 | 2 | 3 | 4 | NA |
| 2. Displays self confidence               | 1 | 2 | 3 | 4 | NA |
| 3. Maintains composure in most situations | 1 | 2 | 3 | 4 | NA |

**Motivation**

- |                                   |   |   |   |   |    |
|-----------------------------------|---|---|---|---|----|
| 4. Displays initiative            | 1 | 2 | 3 | 4 | NA |
| 5. Seeks new knowledge            | 1 | 2 | 3 | 4 | NA |
| 6. Sets goals and follows through | 1 | 2 | 3 | 4 | NA |

**Maturity**

- |   |   |   |   |   |    |
|---|---|---|---|---|----|
| 7. Recognizes own strengths and weaknesses  | 1 | 2 | 3 | 4 | NA |
| 8. Is responsible, dependable, and honest   | 1 | 2 | 3 | 4 | NA |
| 9. Is flexible and adaptable                | 1 | 2 | 3 | 4 | NA |
| 10. Uses good organizational skills         | 1 | 2 | 3 | 4 | NA |
| 11. Displays a positive attitude            | 1 | 2 | 3 | 4 | NA |
| 12. Demonstrates good organizational skills | 1 | 2 | 3 | 4 | NA |
| 13. Accepts constructive criticism          | 1 | 2 | 3 | 4 | NA |
| 14. Deals with authority appropriately      | 1 | 2 | 3 | 4 | NA |

**People Orientation**

- |   |   |   |   |   |    |
|---|---|---|---|---|----|
| 15. Enjoys being with people                |   |   |   |   |    |
| 16. Demonstrates good organizational skills | 1 | 2 | 3 | 4 | NA |
| 17. Is sensitive to the feeling of others   |   |   |   |   |    |
| 18. Works well in groups                    | 1 | 2 | 3 | 4 | NA |
| 19. Gains the respect of others             | 1 | 2 | 3 | 4 | NA |

**Communication**

- |  |   |   |   |   |    |
|--|---|---|---|---|----|
| 20. Uses good interpersonal communication skills | 1 | 2 | 3 | 4 | NA |
| 21. Displays clarity in verbal expression        | 1 | 2 | 3 | 4 | NA |

**Orientation to Athletic Training**

23. Displays enthusiasm in athletic care	1	2	3	4	NA
24. Will complete an undergraduate education in Athletic Training with distinction	1	2	3	4	NA

**Personal Characteristics**

25. Assertiveness	1	2	3	4	NA
26. Patience	1	2	3	4	NA
27. Creativity	1	2	3	4	NA
28. Achievement	1	2	3	4	NA
29. Integrity	1	2	3	4	NA
30. Leadership ability	1	2	3	4	NA

What are the candidate's greatest strengths?

What are the candidate's greatest weaknesses?

Additional comments:

**Pleas place the completed recommendation in a sealed envelope with your signature across the seal and return it to the candidate or to:**

**Dustin Driskill, ATC/LAT  
Head Athletic Trainer  
Lubbock Christian University  
5601 W. 19<sup>th</sup>  
Lubbock, TX 79407**

**Recommender's signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Recommender's name (printed)** \_\_\_\_\_

**Recommender's phone #** \_\_\_\_\_