



# Athletic Training Internship Application

ILLINOIS BONE AND JOINT INSTITUTE, LLC

Indicate internship applying for (circle):

Fall  
Summer  
Spring

Full time  
Part time

Full name

Last

First

Date of birth:

/ /

Permanent address:

Street

Apt/unit

City, ST

Zip

Permanent home phone:

( )

Alt. phone:

( )

E-mail address:

School attending:

School address:

\*Declared major:

Anticipated graduation date

/ /

Dates available:

/ /

through

/ /

Total hours:

Name of program director/sponsor:

Contact phone number:

Requesting college credit for hours? YES/NO

\*High school applicants, please list any relevant coursework (i.e. anatomy, physiology, sports medicine) or extracurricular activity under "declared major."

PLEASE ATTACH CURRENT RESUME.