



Sports Medicine

**ADENA Sports Medicine Team
2018-2019 Athlete of the Year APPLICATION**

INSTRUCTIONS: Complete (type or print) and sign this form; return it to Karen Jenkins, Director of Rehab & Radiology, 272 Hospital Road, Chillicothe, Ohio 45601. **This application and all required information must be received no later than 4:00 pm, April 19, 2019.** The application must be complete with official grade transcripts and references included. All information provided is kept confidential within the bounds of the review process.

Career field of study for which you are applying? _____

County of Permanent Residence: _____

Adena Employee or Dependent of Adena Employee? (Circle one) Yes No Employee # _____

Name _____ Social Security # _____

Street/Road/Apt. # _____

City/Town _____ State _____ Zip _____

Telephone () _____ Cell () _____ Email _____

SCHOOLS ATTENDED: For each, indicate dates attended; degree or diploma obtained; and GPA

High School _____ Dates _____ GPA _____

College(s) _____ Dates _____ GPA _____

School (s) to which you have applied or will apply:

School #1 _____

Have you been accepted? (circle one) Yes No Pending

If yes, attach an **official letter of acceptance** from the school

If no, when do you expect to know? _____

School #2 _____

Have you been accepted? (circle one) Yes No Pending

If yes, attach an **official letter of acceptance** from the school

If no, when do you expect to know? _____

