4.40 Performance Internship Application

Contact Information					
First Name	Last Name			Middle Initial	
Current Address	_				
City	State			Zip Code	
Phone Number	Email				
Academic Information					
College / Academic Institution				Years Completed	
Academic Major / Minor				Expected Graduation Year	
Current/Cumulative GPA Is this for College Credit (Yes or No)			or No)	Hours Needed	
		-			
Athletic Experience			Coaching E	xperience	
Were you a varsity athlete in High School?	Yes / No		Have you coached at	the youth level (8-18 years old)?	Yes / No
If answered yes, Please explain further:		1	If answered yes, Please	explain further:	
Were you a varsity athlete in College?	Yes / No		Have you coached at	the collegiate/professional level?	Yes / No
If answered yes, Please explain further:	-	1	If answered yes, Please	explain further:	
Do you have weight training experience?	Yes / No	1	Have you coached in	a strength and conditioning setting?	Yes / No
If answered yes, Please explain further:	•		If answered yes, Please	explain further:	
Do you have speed and agility training experience?	Yes / No	1	Have you BEEN coac	ched in a strength and conditioning setting?	Yes / No
If answered yes, Please explain further:	If answered yes, Please			explain further:	
Do you currently hold any certifications related to strength	h and conditioning or	r health/fitne	ess/wellness? If so, n	lease list below	
Do you currently hold any certifications related to strength and conditioning or health/fitness/wellness? If so, please list below. I.D. Number:					
				I.D. Number:	
				I.D. Number:	
				I.D. Number:	
What is your intended career goal?					
What do you want to gain from the 4.40 Performance Internship Program?					
Please list professional references.					
Name	Phone			Email	
Name	Phone			Email	
News	Dhama			Email	
Name	Phone			Email	
1	1			i .	