



## Student-Athlete Application

847.748.8190 ■ BEYONDSPORTS.ORG

MAIN OFFICE ■ 1350 OLD SKOKIE VALLEY RD, #205 ■ HIGHLAND PARK, IL 60035  
MCCOOK ATHLETIC & EXPOSITION CENTER ■ 4750 VERNON ST ■ MCCOOK, IL 60525  
WENDELL PHILLIPS HIGH SCHOOL (AUSL SCHOOL) ■ 244 E PERSHING RD ■ CHICAGO, IL 60653

Please read this form carefully and **complete in its entirety.**

**Completed applications and supporting documents are due no later than January 12, 2018.**

### Applicant's Current Information

Date of Application: \_\_\_\_\_

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

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

City/State/Zip Code: \_\_\_\_\_

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

Student Cell Number: \_\_\_\_\_ Gender: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Ethnicity (Optional): \_\_\_\_\_

### Parent/Guardian 1 Information

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

Parent/Guardian Home Phone: \_\_\_\_\_

Parent/Guardian Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Phone Number: \_\_\_\_\_

### Parent/Guardian 2 Information

Parent/Guardian Name(s): \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

Parent/Guardian Home Phone: \_\_\_\_\_

Parent/Guardian Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Phone Number: \_\_\_\_\_

**Emergency Contact Information**

Emergency Contact Name: \_\_\_\_\_

Relationship of Emergency Contact to Student: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

**Household Information**

Please list names of all people in household, age, and relationship to student:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**Educational Information**

School Name: \_\_\_\_\_ Current Year: \_\_\_\_\_

Current Cumulative GPA: \_\_\_\_\_ Expected Graduation Year: \_\_\_\_\_

Favorite subject(s) in school: \_\_\_\_\_

Subject(s) you would like help with: \_\_\_\_\_

Completed ACT: Yes No      Completed SAT: Yes No

Have you registered for the NCAA Clearinghouse? Yes No

If yes, please list dates taken and score(s) received: \_\_\_\_\_

Guidance Counselor's Name: \_\_\_\_\_

Guidance Counselor's Email Address: \_\_\_\_\_

Guidance Counselor's Phone Number: \_\_\_\_\_

Referral Source to Beyond Sports Foundation: \_\_\_\_\_

**Athletics (Student)**

Primary sport of interest: \_\_\_\_\_

Positions played in sport of interest: \_\_\_\_\_

Years of experience in sport of interest: \_\_\_\_\_

Highest level (JV, Varsity, etc.): \_\_\_\_\_

Current HS Coach's Name: \_\_\_\_\_

HS Coach's Phone Number: \_\_\_\_\_

**Please List All Extra-Curricular Activities**

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**Work Experience (if applicable)**

Have you ever had a job? Yes No

If yes, where did/do you work: \_\_\_\_\_

What was/is your job title? \_\_\_\_\_

Are you currently working? Yes No

If yes, where: \_\_\_\_\_

**Health Information**

Please list any health concern and/or allergies:

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Food/drug allergies:

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Old and/or recent injuries (if any):

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Do you have any learning differences, special accommodations, or a 504/IEP:

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**Medical Insurance**

In case of a medical emergency, Beyond Sports Foundation keeps health insurance information on file.

Do you carry health insurance? Yes No



### **Application Checklist**

When returning this application please include the following forms:

- Completed Student Application
- Proof of Free and Reduced Lunch and/or most recent W2 Form
- School Transcripts and/or Report Card (unofficial or official)
- Picture of student applying
- One athletic and one core academic reference (phone and email, please use space below)

	<b>Reference Name</b>	<b>Reference Phone Number</b>	<b>Reference Email</b>
1.			
2.			

**Candidates with incomplete or late applications will not be considered for acceptance.**

Completed applications, along with accompanying forms, may be mailed to: Beyond Sports Foundation, 1350 Old Skokie Valley Road, #205, Highland Park, IL 60035 or emailed to Greg Taylor at [greg@beyondsports.org](mailto:greg@beyondsports.org).

### **Parent Volunteer Agreement**

As a way to give back to the organization, Beyond Sports Foundation is recommending that all parent(s) volunteer to participate in a minimum of 20 hours of community service during the calendar year. By signing below, you have agreed to these terms.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_