OHIO BOBCATS EQUIPMENT

STUDENT-EQUIPMENT MANAGER PROGRAM APPLICATION

NAME: ____________________________

MAJOR: ___________________________

PHONE/EMAIL: _____________________

YEAR (FR/SO/JR/SR): _____________

CUMULATIVE GPA: _________________

HIGH SCHOOL: _____________________

HOW DID YOU HEAR ABOUT OUR DEPARTMENT?

WHAT INTERESTS YOU ABOUT EQUIPMENT MANAGEMENT?

EXTRA CURRICULAR ACTIVITIES:

CAREER GOALS / INTERESTS:

REFERENCE 1
NAME: ____________________________
TITLE: _____________________________
PHONE #: __________________________

REFERENCE 2
NAME: ____________________________
TITLE: _____________________________
PHONE #: __________________________

*COMPLETE AND EMAIL APPLICATION TO mortonc@ohio.edu OR DROP-OFF AT PEDEN STADIUM EQUIPMENT ROOM (1ST FLOOR OF PEDEN STADIUM – ROOM 112W)