Sun City Athletic Trainers’ Association

Manny Pacillas Award Application

This award is awarded to a young Sun City Athletic Trainers’ Association active member who has 8 years or less experience as an athletic trainer and has made a contribution to the profession.

***Candidate’s Personal Information***

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | |  | | | | |  | | |  | |  |
|  | | Last | | | | | First | | | Middle | | Credentials |
| Address: | | |  | | | | | | | | | |
| HOME | | | Street Address: | | |  | | | | | | |
|  | | | City, State, Zip: | | |  | | | | | | |
| WORK | | | Street Address: | | |  | | | | | | |
|  | | | City, State, Zip: | | |  | | | | | | |
|  | | | | | | | | | | | | |
| Work Phone: | | | |  | | | | Home Phone: | | |  | |
| Fax: |  | | | | | | | E-mail: |  | | | |
|  | | | | | | | | | | | | |
| Primary Occupation: | | | | |  | | | | | | | |

**Contributions to Athletic Training**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| District and Regional Levels | | | | |
| **Contribution** | | **Description** | **Location** | **Year** |
| *1.* |  |  |  |  |
| *2.* |  |  |  |  |
| *3.* |  |  |  |  |
| *4.* |  |  |  |  |
| *5.* |  |  |  |  |
| *6.* |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| National Level | | | | |
| **Contribution** | | **Description** | **Location** | **Year** |
| *1.* |  |  |  |  |
| *2.* |  |  |  |  |
| *3.* |  |  |  |  |
| *4.* |  |  |  |  |

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**Educational Background**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Degree(s) Awarded *(in chronological order starting with most recent degree)* | | | | |
| **Degree** | | **College or University** | **City, State** | **Year** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |

# Professional Experience

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Career History *(in chronological order starting with current position contributions to athletic training/sports medicine))* | | | | | |
| **Position** | | **Place of Employment** | **City, State** | **Year** | |
| From | To |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |

**Certifications**

|  |  |  |
| --- | --- | --- |
| Professional Certification(s) and/or Licensure(s) | |  |
| **Certification or Licensure** | | **Year** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |

Summarize Activities that Qualify Candidate for this Award

Sun City Athletic Trainers’ Association 

Manny Pacillas Award Application

***Candidate Signature***

After you’ve completed the form, please print it and sign below.

*I, the undersigned, attest that to the best of my knowledge the above information is accurate and complete.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Signature Date

***All information contained herein is subject to verification by the Honors and Awards Committee and the Special Awards Subcommittee***

**You may enclose a separate piece of paper, labeled appropriately, for any additional nomination information.**

**DEADLINE:**

**December 17, 2021.**

**E-MAIL TO:**

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