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 

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***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:**

**Sadie Snyder**

**Sadie.mae.smith@gmail.ocm**

**MAIL TO:**

**242 Gonzalo Cir**

**El Paso, TX 79932**