

APPLICATION FOR A POSITION IN THE STM ATHLETIC PROGRAM

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Position applying for: _____

Date: _____

Name: _____

Address: _____

Home Phone: _____

Work or cell Phone: _____

1) What are the reasons, hopes, dreams that lead you to apply?

2) What involvement have you had with the STM sports programs?

3) What particularly qualifies you for the position you are applying for?

*Please return this form to the school office by April 2, 2010.
Thank you for applying.*