



# Global Messenger I Practicum Application (Pg 1)

## Section A: General Information

**Athlete Name:** \_\_\_\_\_ **Program:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **email:** \_\_\_\_\_

**Mentor Name:** \_\_\_\_\_ **Program:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **email:** \_\_\_\_\_

## Section B: ALPs University Practicum Information

**Date of Class:** \_\_\_\_\_ **Instructor(s):** \_\_\_\_\_ **Application Date:** \_\_\_\_\_

### *Practicum Goals Completed:*

Describe your completed presentations, include presentation topic and the group you spoke to about Special Olympics.

1.

2.

3.

4.

5.

Describe what you learned during this practicum:



## Global Messenger I Practicum Application (Pg 2)

### Section C: Mentor Observation

Please have your mentor or county coordinator provide a brief summary about the work you did for your practicum.

### Section D: Approval

*Must be signed below:*

|                                      |       |                               |       |
|--------------------------------------|-------|-------------------------------|-------|
| _____                                | _____ | _____                         | _____ |
| Signature of ALPs Athlete            | Date  | Signature of Mentor           | Date  |
| _____                                | _____ | _____                         | _____ |
| Signature of ALPs County Coordinator | Date  | Signature of ALPs Coordinator | Date  |

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**Please submit completed application to:**

1. [alpsuniversity@gmail.com](mailto:alpsuniversity@gmail.com)  
**OR**
2. Special Olympics Indiana  
6200 Technology Center Drive, Suite 105  
Indianapolis, IN 46278  
*or*  
fax (317) 328-2018