



## 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

---

#### 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