



# Governance: AIC Practicum Application (Page 1)

## Section A: General Information

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

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

**Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **email:** \_\_\_\_\_

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

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

**Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **email:** \_\_\_\_\_

## Section B: ALPs University Practicum Information

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

### *Practicum Goals Completed:*

Describe the Athlete Input Council meetings you attended.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Write and turn in a short, written report of each of the meetings you attend, discuss it with your mentor, and send to [alpsuniversity@gmail.com](mailto:alpsuniversity@gmail.com). Be sure to ask any questions you may have about the meeting and procedures.

Describe what you learned about leadership during this practicum.



# Governance: AIC Practicum Application (Page 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. Email: [alpsuniversity@gmail.com](mailto:alpsuniversity@gmail.com)

**OR**

2. Mail: Special Olympics Indiana  
6200 Technology Center Drive, Suite 105  
Indianapolis, IN 46278

**OR**

3. Fax: (317) 328-2018