



Global Messenger II 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. Remember one speech must be about ALPs.

1.

2.

3.

4.

5.

Describe what you learned during this practicum:



Global Messenger II 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
- OR**
2. Special Olympics Indiana
6200 Technology Center Drive, Suite 105
Indianapolis, IN 46278
or
fax (317) 328-2018