



*Every athlete deserves access to Sports Chiropractic*

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FICS MENTORING PROGRAM EXPRESSION OF  
INTEREST **MENTEE APPLICATION FORM**

Full Name

Age

Gender

Nationality

Country/State/Province/Region

Languages spoken

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Please select your current status

University/College Chiropractic Program

Year expected to finish/or finished degree

Membership with FICS please select one:

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In 200 word or less, tell us what this mentoring opportunity means to you:

**CHECK LIST: Submit this form along with the following in ONE EMAIL.**

1. Save this application form to your computer. Make sure everything is filled in correctly.
2. Get a character reference from a faculty member or other sports chiropractor
3. Get a recent photo of yourself (head and shoulder preferred)
4. **SEND all of the above in ONE EMAIL to [admin@ficsport.org](mailto:admin@ficsport.org) with subject line in email FICS MENTORING PROGRAM EXPRESSION OF INTREST**