



Every athlete deserves access to Sports Chiropractic

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

Full Name

Age

Gender

Nationality

Country/State/Province/Region

Languages spoken

Please select your current status

University/College Chiropractic Program

Year expected to finish/or finished degree

Membership with FICS please select one:

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 student@fics.sport with subject line in email FICS MENTORING PROGRAM EXPRESSION OF INTREST**