



Alabama Board of Athletic Trainers

P.O. Box 302230, Alabama 36130

334-265-7125

www.athletictrainers.alabama.gov

Athletic Trainer Secondary School Incentive Program Application

Please complete the following information:

1. **School District:**
2. **Superintendent:**
3. **Financial Officer:**
4. **Financial Officer Email:**
5. **School Name:**
6. **School Principal:**
7. **Athletic Trainer(s):**
8. **AHSAA Classification (2024-2026):**
9. **Title 1: Yes No**
10. **Rural: Yes No**

*Rural – a city with a population of less than 50,000.

Attestation of Superintendent

I, _____, attest under penalty of perjury that the contents herein are true and correct to the best of my knowledge, information and belief.

Signature of Superintendent

Witness

Each application must include an attached ATHLETIC TRAINER ATTESTATION. Send completed applications in **PDF format** to incentive@abat.alabama.gov. You will receive a confirmation of receipt of completed application. Please keep this confirmation for your records.