

SPRINGFIELD COLLEGE
APPLICATION FOR TEACHING/RESEARCH FELLOWSHIP IN
FITNESS AND WELLNESS for The Campus Recreation Department

Please note that one copy of **your resume** must be on file with the Campus Recreation Office (413) 748-3461. Please submit all your fellowship paperwork in **one envelope at one time with one resume one Coaching/Teaching Competence Form and your application(s)** to:

**Springfield College
Campus Recreation
263 Alden Street
Springfield, MA 01109**

Name: _____	
Date: _____	
Home/Permanent Address:	
Street: _____	
City, State, Zip: _____	
Telephone #: Day: _____	Night: _____
Cell Phone #: _____	Email Address: _____
Date of Acceptance in Grad Program: _____	
Major Area to be Studied at S.C.: _____	
Area of Specialization at S.C.: _____	
Degrees Sought: _____ (M.S., M.Ed., M.P.E., Ph.D.)	
Record of Undergraduate Study:	
Degree: _____	College: _____
Date: _____	Major: _____
GPA: _____	Minor: _____
Record of Other Graduate Study:	
Degree: _____	College: _____
Date: _____	Major: _____
GPA: _____	Minor: _____

Please See Reverse Side For Specific Discipline Requirements

Comments: _____

Note: Incomplete packets will not be processed

Office Use Only: Comp Resume Aerobics AthAdm ATRN Club Facilities ESSS Fitness/Wellness Health
INTRM Marketing Outdoor PE Teach REC/SMGT RSCH T&M Aquatics Baseball Basketball FH
GYMN Lax Soccer Softball Tennis Trk&Fld Volleyball Wrestling

**APPLICATION FOR TEACHING/RESEARCH FELLOWSHIP IN
FITNESS AND WELLNESS**

Name: _____

Date: _____

RATE YOUR KNOWLEDGE AND EXPERIENCE IN THE FOLLOWING AREAS:

Note: 5 = Highest

1 = Lowest

	Knowledge		Experience		Comments
	H	L	H	L	
Group Exercise.....(-----)					_____
Specialty Classes (Yoga/Pilates).....(-----)					_____
Personal Training(-----)					_____
Fitness Testing(-----)					_____
Exercise Prescription(-----)					_____
Exercise for Special Populations(-----)					_____
Nutrition.....(-----)					_____
Health/Wellness Presentations..... (-----)					_____
Research..... (-----)					_____

List professional certifications you have or expect to have and date certification received (e.g. ACSM, HFI, NSCA, CSCS, AFAA, CPR etc.) _____

Summarize previous experience with fitness assessment, exercise prescription, personal training, group exercise teaching and wellness: _____

Summarize any unique preparation and/or experiences which would further qualify you for a fellowship in Fitness and Wellness: _____

Thank you for your interest in Fitness and Wellness.