EASTERN ATHLETIC TRAINERS’ ASSOCIATION, INC.

In Conjunction with

NATIONAL ATHLETIC TRAINERS’ ASSOCIATION, INC.

DISTRICTS I AND II

NOMINATIONS PACKET
FOR COLLEGE AND UNIVERSITY
SCHOLARSHIPS

PROFESSIONAL SCHOLARSHIPS
FOR
ENTRY-LEVEL ATHLETIC TRAINING STUDENTS

*** PLEASE NOTE***

APPLICATION DEADLINE
Nominations must be received by November 1
Only BOC Certified Athletic Trainers may nominate athletic training students.

PREVIOUS SCHOLARSHIP WINNERS ARE NOT ELIGIBLE FOR NOMINATIONS!

Send the complete nomination packet with supporting academic transcripts to:

Neil Curtis, EdD, ATC
Chair, EATA Scholarship Committee
c/o West Chester University
Department of Sports Medicine
855 S. New St
Rm. 215 – Sturzebecker Health Science Center
West Chester, PA 19383
INTRODUCTION –

The Eastern Athletic Trainers’ Association, Inc. has inaugurated a scholarship program honoring outstanding students from the EATA membership who have excelled academically and clinically as entry-level athletic training students. At present, ten $2500 grants are awarded annually to students in entry-level accredited programs who have participated with distinction in a college or university athletic training program. These awards are meant to encourage the recipients to continue their education toward an entry-level athletic training degree.

Each Certified Athletic Trainer supervisor can nominate no more than one candidate for this award. In presenting the candidate, the athletic training supervisor must forward forms completed by the student, the team physician or an academic professor, the AT Education Program Director, and the AT/supervisor. Complete criteria for candidacy may be found below.

The Certified Athletic Trainer supervisor should see that all forms are completed (typed) and forwarded in one package with an official transcript of the candidate’s academic record to the Chair of the EATA Scholarship Committee at the address listed on the cover of this booklet.

The EATA Scholarship Committee will screen the candidates and announce its selections to the EATA membership at the annual meeting in January.

A maximum of two applicants from one Athletic Training Education Program may be selected as EATA scholarship recipients each year. Program Directors are encouraged to submit the two best qualified candidates for the award.

ELIGIBILITY CRITERIA –

To be eligible for consideration, an applicant shall:

1. Distinguish oneself academically.  
   A. Record shall be judged on their semester grade index at the completion of the Spring and/or Summer Semester of their Sophomore or Junior year in a four year program.  
   B. Students engaged in undergraduate programs requiring more than four years of a baccalaureate degree shall be considered for an EATA scholarship during the fourth year.  
   C. Students in entry-level Master’s degree programs shall be considered after the completion of at least the first year of study (applicants must send both undergraduate and graduate transcripts).

2. Perform with distinction as a member of the Athletic Training Education Program. NOTE: The degree of the student’s athletic training clinical achievement shall be weighed at least equally with the degree of their academic performance.

3. Signify an intention to continue academic work toward a baccalaureate or Master’s degree as a full-time entry-level athletic training student and have been judged capable of this study by a major professor and major department head or Dean of the college. NOTE: The recipient of an EATA scholarship is expected to remain enrolled in an entry-level program except for military service or religious obligations.

4. Signify an intention to pursue the profession of athletic training as a means of livelihood.

5. Conduct oneself both on and off the field in a manner which has brought credit to themselves, their institution, intercollegiate athletics, and the ideals and objectives of American higher education.

6. Must be a current member of either NATA District 1 or District II at the time of application.
NOTE:

1. After satisfying the above requirements, consideration shall be given to one’s participation in campus activities other than academic and athletic training in which they have had an opportunity to demonstrate qualities of leadership and serve as an example of their fellow students.

2. A maximum of two applicants from one Athletic Training Education Program may be selected as EATA scholarship recipients each year. Program Directors are encouraged to submit the two best qualified candidates for the award.

3. Financial assistance from other sources shall not make the candidate ineligible for an EATA award.

SELECTION CRITERIA

Applications will be evaluated by the Scholarship Committee based on the following point system:

1. Grade Point Average (based on 4.00 scale)
2. Student Essay
3. Recommendations
4. Athletic training field experiences, service, extra curricular activities, leadership, and awards

NOMINATING INSTRUCTIONS –

1. Nominations shall be restricted to students who are members of NATA Districts I or II.

2. There are four forms to be completed (pages 4-10):
   A. The application to be completed and signed by the nominee.
   B. An evaluation form to be completed and signed by the sponsoring Certified Athletic Trainer.
   C. An endorsement to be completed and signed by the team physician or academic professor.
   D. An endorsement to be completed and signed by the dean of the college or head of the department responsible for the nominee’s academic program.

3. Please include the following with each application:
   A. Official College Transcript(s)
   B. A copy of the student’s NATA Membership Card
   C. Release form (accessible on the eata.org website; click on scholarship tab)

4. The Certified Athletic Trainer / Supervisor is considered to be the responsible official for collecting the completed nomination forms and related information and for forwarding the completed nomination directly to the Chairperson of the EATA Scholarship Committee by the application deadline.

**** Completed applications must be postmarked to the Chairperson’s name and address listed on the cover of the application by the deadline date in order to be considered.
THE EASTERN ATHLETIC TRAINERS’ ASSOCIATION, INC.
UNDERGRADUATE SCHOLARSHIP PROGRAM

STUDENT’S APPLICATION
(Please print or type all information)

Name: _____________________________________________
Last                                    First                                    Middle
Date of Birth: ___________________________  Place of Birth: ___________________________
                       City                                    State
Are you a U.S. Citizen: _____ Yes        _____ No  E-Mail Address: ___________________________
College or University: ___________________________
Applicant’s Local Mailing Address: ______________________________________
                       Street                                    City                                     State                    Zip Code
Applicant’s Local Phone: ___________________________  Home Phone: ___________________________  Cell Phone: ___________________________
Current Class Standing: ___________ Junior        ___________ Senior        ___________ 2nd year Masters
Undergraduate/Graduate Major: ___________________________  Minor: ___________________________
Are you enrolled in a CAATE accredited program? ___________ Yes          ___________ No
Overall undergraduate Grade Point Average (at least four semesters) on a grade scale of 4.00: ___________________________
Master’s students: overall graduate GPA (at least two semesters) on a grade scale of 4.00: ___________________________
Are you currently completing clinical experiences as an athletic training student? _____ Yes        _____ No
Who is your supervising Certified Athletic Trainer sponsoring you for this award? ___________________________
How many years of clinical experience have you had as an athletic training student? ___________________________
Are you currently a student member of the National Athletic Trainers’ Association? _____ Yes          _____ No
What is your NATA membership number? ___________
Are you currently planning to make athletic training your primary field of professional endeavor after graduation? ___________ Yes        ___________ No
If not, in what occupation do you plan to engage? ___________________________

Signature of Applicant: ___________________________
Date: ___________________________
ACTIVITY PARTICIPATION (Other than Athletic Training)

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<th>Organization/Activity</th>
<th>Leadership Position</th>
<th>Awards/Recognition</th>
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School or Class Offices:

Other (Civic, Religious, etc.):

Academic Awards

Honors Awarded by your School or Institution:

Athletic Training Student Activities

List duties other than normal work-related duties you performed that are related to athletic training:
(Such as, EMT, emergency room volunteer, high school volunteer athletic training aide, youth league teams athletic training student, etc.)

List four duties as an athletic training student at your school:
(What activities, teams with which you are involved and what extent of involvement)

Please describe your undergraduate studies and what reasons you had for selecting this program; also include information on your future plans: (Please use a separate sheet of paper, limit your answer to 150 words or less)
**THE EASTERN ATHLETIC TRAINERS’ ASSOCIATION, INC.**
**UNDERGRADUATE SCHOLARSHIP PROGRAM**

**STUDENT'S APPLICATION – CONTINUED**

**LIST ALL RELATED ATHLETIC TRAINING COURSE WORK**
*(include Biology, Chemistry & Physics courses)*

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<th>Course Number</th>
<th>Course Title</th>
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THE EASTERN ATHLETIC TRAINERS’ ASSOCIATION, INC.
UNDERGRADUATE SCHOLARSHIP PROGRAM

ATHLETIC TRAINING EDUCATION PROGRAM
PROGRAM DIRECTOR NOMINATION FORM

Nominee’s Name: ________________________________
(Last) (First) (Middle)

Institution: ____________________________________

ACADEMIC PROGRESS

Degree Program: __________________________________

Major: __________________________________________

Minor: __________________________________________

Credit Hours required for Graduation: _______ Credit Hours Completed Toward Graduation: ________________

Expected Completion Date: ______________________

Cumulative Grade Point Average at Certifying Institution: __________ (Based on 4.00 maximum)

(Please attach transcript)

Signed: _________________________________________

ATEP PROGRAM DIRECTOR

Print Name: _______________________________________

Date: ___________________________________________
THE EASTERN ATHLETIC TRAINERS’ ASSOCIATION, INC.  
UNDERGRADUATE SCHOLARSHIP PROGRAM

TEAM PHYSICIAN OR ACADEMIC PROFESSOR 
NOMINATION FORM

This form is to be completed by the Supervising Team Physician 
or a faculty member not directly associated with the athletic training program.

Please comment on the nominee’s qualifications to carry on advanced study in their chosen field:

Has the nominee had any academic, emotional, or disciplinary problems, which might impede their pursuit of athletic training? Yes __________ No ______________

If “Yes,” please explain:

The above information is based upon the following criteria:  
_________ Personal Acquaintance  
_________ Counseling Contacts  
_________ Records & Reports  
_________ Casual Contacts  
_________ Clinical Education Contacts  
_________ Classroom Contacts

Signed: ________________________________

Print Name: ______________________________

Title: ________________________________

Date: ________________________________
THE EASTERN ATHLETIC TRAINERS’ ASSOCIATION, INC.
UNDERGRADUATE SCHOLARSHIP PROGRAM

CERTIFIED ATHLETIC TRAINER – SUPERVISOR RECOMMENDATION
This must be completed by an ATC who directly supervised your clinical experience

A. Student’s Name: ____________________________________________
   Last                         First                         Middle

B. Provide the following information regarding this student:
   • Start date (month/year) and end date (month/year) student was under your direct supervision:
     ____________________________________________
   • Teams/activities the student was involved with while under your direct supervision:
     ____________________________________________

C. Rating: Outstanding Top 5-10% Excellent Top 25% Good Top 40% Unable to Judge

| Ability to Communicate: Verbal |   |   |   |   |
| Ability to Communicate: Written |   |   |   |   |
| Ability to Relate to Co-workers |   |   |   |   |
| Initiative and Work Ethic |   |   |   |   |
| Dependability/Reliability |   |   |   |   |
| Accepts Responsibility |   |   |   |   |
| Judgement/Common Sense |   |   |   |   |
| Accepts Constructive Criticism |   |   |   |   |
| Leadership |   |   |   |   |
| Ability to Think Creatively |   |   |   |   |
| Fitness for a Career in Athletic Training |   |   |   |   |
| Earnestness about a Career in Athletic Training |   |   |   |   |
D. What are the nominee’s most outstanding strengths?

E. Comment on the student’s current clinical skills (e.g. injury recognition, evaluation, taping/wrapping, treatment & rehabilitation, organization & administration, counseling, etc.)

F. Please summarize the candidate’s assets, liabilities, and potential capabilities for a career as an athletic trainer and why you feel this applicant is more worthy of this scholarship than other students in the field.

Signature: ___________________________ Date: ___________________________
Name Printed: ___________________________ BOC Certification # _______________
Employer: ___________________________ NATA Membership # _______________
Work Address: ___________________________

Street: ___________________________ City: ___________ State: ___________ Zip: ___________
Telephone: ___________________________ E-mail address: ___________________________

* Reminder: Before mailing this application be sure that it is complete. Copy all materials before mailing and keep them on file in case this application is lost.