

Kentucky Athletic Trainer Society
Scholarship Application Forms

Applying For: _____ Undergraduate Scholarship
_____ Graduate Scholarship

Section 1: Information Sheet

Date: _____

Name: _____
Last First MI

School/College/University: _____

School Address: _____

City State Zip

Home Address: _____

City State Zip

Undergrad Major: _____ Minor: _____

Undergrad/HS GPA: _____ Graduate GPA: _____
(Please include a copy of your transcript from all institutions attended)

Current Academic Class: _____

Expected Date of Graduation: _____

Organizations/Activities/Positions Held: _____

Other Offices Held (civic, religious etc.): _____

Academic Awards: _____

Other Awards/Recognitions: _____

Are you currently a member of KATS? Yes _____ No _____

How long have you been a member of KATS? _____

How many years of experience have you had as a student trainer? _____

If applying as a graduate student, how long have you been in graduate school? _____

Do you plan to make athletic training your primary field of professional endeavor after graduation? Yes _____ No _____

If not what occupation do you plan to enter? _____

Clinics or professional meetings attended involved in: _____

I certify that to the best of my knowledge that the information contained in this application is correct and accurate.

Signature of Applicant

All application materials (Information Sheet, Essay, Recommendations and Transcripts) should be mailed to:

Bill Welsh, MS, ATC
Chair, Scholarship/Awards Committee
1726 Woodlake Road
Stamping Ground, KY 40379-9783

Office Use Only
Application Packet Checklist

Section I: Information Sheet _____

Section II: Student Essay _____

Section III: Recommendation Forms _____

Transcript from all schools attended _____

Section II: Student Essay

MUST BE TYPED

Use this space to give a statement concerning your athletic background, experience, philosophy and goals to support your application for this scholarship. Please limit your response to the front and back of this page.

Section III: Recommendation

Please make three (3) copies of this form.

Please submit three (3) recommendation forms with your application packet. Of the three recommendations at least one must be from someone other than a certified athletic trainer. A physician, professor, head coach or athletic administrator should complete that form. The person completing the form should place the completed form in a sealed envelope and return it to you so you can submit all three with your application packet.

Applicant's Name: _____
Last First MI

How long have you known the applicant? _____

Please rate the applicant on the following characteristics:

	Outstanding Top 5-10%	Excellent Top 25%	Good Top 40%	Unable to Judge
Responsibility/ Reliability				
Initiative				
Judgement/ Common Sense				
Ability to work with/ relate with others				
Leadership				
Poise/ Self-Confidence				
General Knowledge				
Persistence				
Personal Appearance				
Professional Attitude				
Future success as an athletic Trainer				

Continued on the next page

In the space provided, please support your ratings:

Submitted By:

Name: _____

Title: _____

Phone: _____

Signature: _____

Date: _____