

Kentucky Athletic Trainers' Society Scholarship Application Form

Bob "Mad Dog" Hamilton Scholarship \$250.00

Named in honor of the first Athletic Trainer at Saint Xavier High School and long-time KATS supporter. Bob's career included work as a paramedic in Jefferson County and educating Athletic Trainers (students and licensed) on proper emergency procedures. Recipients will have accumulated volunteer service hours in the field of athletic training under the direct supervision of a credentialed Athletic Trainer.

Recipients may reapply annually.

CLEARLY PRINT ALL INFORMATION.		Today's Date:	
Name:		School:	
Last	First	MI	
School Address:			
Number		City, State	Zip Code
Home Address:			
Number	street	City, State	Zip Code
Planned College Major:		Planned College to A	Attend:
Accumulative GPA:	Expected (Graduation Date:	
Current CPR/First Aid certi	fication YES	NO	
Summary of Volunteer Ser	vices/Awards:		

High School Extracurricular Activities Summary:

Do you plan to make Athlet	Y	'ES	NO		
Do you plan on making emergency medicine your career of choice:				YES	NO
Recommendation	from two individua	•	-	•	supervisor
Duinte d Name	from which you	volunteere	d your time.	•	
Printed Name Of Evaluator: 1)			2)		
N/a= not able to judge	1= Good (top 40%)		·	3= Outsta	
Responsibility/Reliability					
nitiative					
udgment/Common Sense					
Ability to work with others					
_eadership					
Poise/Self-confidence					
General Knowledge					
Persistence					
Personal Appearance					
Professional Attitude					
Future Success is a goal					
Signature of Evaluator:					
Applicants Printed Name: _			Applica	ations due t	o KATS by April 26.
certify that to the best of					cation is correct
and accurate. Applicant's	oigilature:				