



EASTERN ATHLETIC TRAINERS' ASSOCIATION, INC.

In Conjunction with
NATIONAL ATHLETIC TRAINERS' ASSOCIATION, INC.

DISTRICTS 1 AND 2

NOMINATIONS PACKET
FOR COLLEGE AND UNIVERSITY
SCHOLARSHIPS

**SCHOLARSHIPS FOR
PROFESSIONAL (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 EATA 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**

NOTE: Students applying for an EATA scholarship should NOT register for the EATA until the award recipients have been announced (approximately December 7).



EASTERN ATHLETIC TRAINER'S ASSOCIATION, INC

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 professional (entry-level) athletic training students. At present, eleven \$3000 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 a professional athletic training degree and pursue a career in athletic training.

Each Certified Athletic Trainer preceptor can nominate no more than one candidate for this award. The candidate is responsible for forwarding forms completed by the student, the team physician or an academic professor, the AT Education Program Director, and the AT/preceptor. Complete criteria for candidacy may be found below.

The Certified Athletic Trainer preceptor 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 based on the listed criteria.

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 professional (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 professional 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 a professional 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 in a manner which has brought credit to themselves, their institution and athletic training education program, and the ideals and objectives of American higher education.
6. Must be a current member of either NATA District 1 or District 2 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 clinical experiences, service, extra curricular activities, leadership, and awards

NOMINATING INSTRUCTIONS –

- 1. Nominations shall be restricted to students who are members of NATA Districts 1 or 2
- 2. There are four forms to be completed (pages 4-12):
 - 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 preceptor.
 - 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 program director responsible for the nominee’s academic progress.
- 3. Please include the following with each application:
 - A. Official College Transcript(s) (graduate students should also send undergraduate transcripts)
 - B. A copy of the student’s NATA Membership Card
 - C. **Release form (last page of this document)**
- 4. The Applicant and the Certified Athletic Trainer/Preceptor 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.

NOTE: Students applying for an EATA scholarship should NOT register for the EATA until the award recipients have been announced (approximately December 8).

**THE EASTERN ATHLETIC TRAINERS' ASSOCIATION, INC.
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 Mobile Phone: _____ Other Phone: _____

Current Class Standing: _____ Junior _____ Senior _____ 2nd year Masters

Undergraduate/Graduate Major: _____ Minor: _____

Are you enrolled in a CAATE accredited professional 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 preceptor Certified Athletic Trainer sponsoring you for this award? _____
[List the person completing the supervisor recommendation on page 10].

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: _____

**THE EASTERN ATHLETIC TRAINERS' ASSOCIATION, INC.
SCHOLARSHIP PROGRAM**

STUDENTS'S APPLICATION CONTINUED

ACTIVITY PARTICIPATION (Other than Athletic Training)

College Organization/Activity	Description/Leadership position	Dates	Awards/Recognition
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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 your athletic training student clinical education experiences:

(Name of school/college/facility, dates, teams with which you were involved and/or patient population you have completed experiences with and the extent of involvement).

List your athletic training-related activities other than your assigned clinical education course requirements

(Such as, EMT, emergency room volunteer, event volunteer, athletic training student club involvement etc.)

**THE EASTERN ATHLETIC TRAINERS' ASSOCIATION, INC.
SCHOLARSHIP PROGRAM**

STUDENTS'S APPLICATION CONTINUED

STUDENT ESSAY

Please describe your undergraduate/graduate studies and your reasons for pursuing the athletic training profession; also include information on your future plans: (Please limit your answer to 150 words or less; include **word count** at the end of your essay).

**THE EASTERN ATHLETIC TRAINERS' ASSOCIATION, INC.
SCHOLARSHIP PROGRAM**

**ATHLETIC TRAINING 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: _____
(Please attach transcript) (Based on 4.00 maximum)

Signed: _____
AT PROGRAM DIRECTOR

Print Name: _____

Date: _____

**THE EASTERN ATHLETIC TRAINERS' ASSOCIATION, INC.
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* associated with the athletic training program for undergraduate AT applicants. (Graduate students may use a faculty member associated with the AT program)

Please comment on the nominee's qualifications to carry on advanced study in their chosen field. This can include attesting to the student's knowledge, clinical experience or expertise in their chosen field. In other words, what sets this student apart from others?

The above information is based upon the following criteria:

- _____ Personal Acquaintance
- _____ Advising/Counseling Contacts
- _____ Records & Reports
- _____ Casual Contacts
- _____ Clinical Education Contacts
- _____ Classroom Contacts

Signed: _____

Print Name: _____

Title: _____

Date: _____

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

**THE EASTERN ATHLETIC TRAINERS' ASSOCIATION, INC.
SCHOLARSHIP PROGRAM**

CERTIFIED ATHLETIC TRAINER – PRECEPTOR 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 (moth/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	_____	_____	_____	_____

**THE EASTERN ATHLETIC TRAINERS' ASSOCIATION, INC.
SCHOLARSHIP PROGRAM**

CERTIFIED ATHLETIC TRAINER – PRECEPTOR RECOMMENDATION

- Continued -

D. What are the nominee's most outstanding strengths?

E. Comment on the student's current clinical skills (e.g. evidence-based practice, clinical decision making, clinical evaluation and diagnosis, prevention, treatment & rehabilitation, organization & administration, 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

Number of years supervising AT students: _____

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.*

