

Northeastern Pennsylvania Athletic Training 5K Run

Scholarship Application Packet for Undergraduate Athletic Training Students

*****Please Note*****

- Only PATS Inc. Certified Members and Certified-Retired Members may nominate athletic training students
- Completed nomination packet and supporting materials must be sent to:

**Mary J. Barron, Ph.D., A TC
NEPA 5K Scholarship Committee Chair
Marywood University
2300 Adams Ave.
Scranton, PA 18509**

APPLICATION DEADLINE:

Applications must be received (not postmarked) by **March 1st**

Regardless of the date received, all applications and materials become the property of the Northeastern Pennsylvania Athletic Training 5K Run Committee.

INTRODUCTION:

The Pennsylvania Athletic Trainers' Society, Inc. and the Northeastern Pennsylvania Athletic Training 5K Run Scholarship Committee are accepting applications to honor a deserving student from one of the CAATE-accredited Athletic Training Education Programs in northeastern Pennsylvania. This \$2000 scholarship will be awarded to a student who has demonstrated success academically and has excelled as an athletic training student at his or her institution. The scholarship is meant to encourage the recipient to pursue their education in athletic training or a related field.

Eligible students must be a sophomore, junior, or senior at one of the following CAATE--accredited Athletic Training Education Programs in northeastern Pennsylvania:

- Alvernia College
- East Stroudsburg University
- King's College
- Marywood University

Any Certified or Certified-Retired member of P.A.T.S., Inc. may nominate no more than one candidate for this award. Additionally, no more than two candidates can be nominated from any one institution. **The nominating Certified or Certified-Retired member of P.A.T.S. • Inc. is responsible for establishing the candidate's eligibility.**

All materials are to be completed (forms typed) and forwarded in one package to the Chair of the Northeastern Pennsylvania Athletic Training 5K Run Scholarship Committee at the address listed on the cover of this packet. **This is the responsibility of the applicant.**

The Northeastern Pennsylvania Athletic Training 5K Run Scholarship Committee will evaluate the candidates' applications and announce its selection at the 5K run in March.

SCHOLARSHIP CRITERIA

To be eligible for consideration for the Northeastern Pennsylvania Athletic Training 5K Run

Scholarship, an applicant shall:

- be currently enrolled in a CAATE-accredited Athletic Training Education Program (ATEP) in northeastern Pennsylvania.
- signify an intention to pursue the profession of athletic training as a means of livelihood.
- distinguish oneself academically.
- provide record which shall be judged on their overall GPA and athletic training GPA.
- perform with distinction as a member of the ATEP at their institution.
- conduct oneself both on and off the field in a manner which has brought credit to themselves, their ATEP, their institution, and the profession of athletic training.

APPLICATION INSTRUCTIONS

1. Eligibility of the candidate is the responsibility of the **nominating Certified or Certified-Retired member** of P.A.T.S., Inc.
2. There are four forms to be completed and returned (*nomination packet*):
 - A. *Student application* completed and signed by the candidate.
 - B. *Nominating athletic trainer evaluation* to be completed and signed by an ATC.
 - C. *Academic professor endorsement* to be completed and signed by a professor.
 - D. *College/Department endorsement* to be completed and signed by the College Dean, Department Chair, or ATEP Director.
3. Please include the following with each application (*supporting materials*) :
 - A. Official college transcript (no copies are allowed)
 - B. Copies of scores from standardized tests: SAT and/or ACT (scores from at least one are required); scores from the GRE, MAT, and/or National Merit test are encouraged if available. but are not required
 - C. Copies of membership cards or other proof of membership in applicable professional organizations (NATA, etc.)
 - D. Current resume (indicating honors, awards, voluntary service, experience, certifications, memberships, etc.)
4. **The Applicant** is responsible for collecting all materials and forwarding them to the Chairperson of the Northeastern Pennsylvania Athletic Training 5K Run Scholarship Committee.

COMPLETED NOMINATION PACKETS MUST BE RECEIVED BY THE HONORS & AWARDS COMM (NOT POSTMARKED) ON OR BEFORE MARCH 1ST.

Any application packets received after the March 1st deadline will not be eligible.

Regardless of the date received, all applications and materials become property of the Northeastern Pennsylvania Athletic Training 5K Run Committee.

FORM – A
THE NORTHEASTERN PENNSYLVANIA ATHLETIC TRAINING 5K RUN
Scholarship Application

Please type all information

Name: _____
Last Middle First

Date of Birth (DD/MM/YY): _____

College/University: _____

Anticipated Graduation Date (MM/YY): _____

Current Year in School: Soph. Jr. Sr. 5th year Sr.

Other (explain): _____

Your Address at School: _____
Street

City, State, and Zip Code

Your School Phone: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Major: _____

Minor/Concentration: _____

Current Cumulative GPA (on 4.00 scale): _____

Do you plan to make athletic training your occupation after graduation? YES NO

If NO, in what occupation do you plan on pursuing? _____

When did you become a member of P.A.T.S., Inc? (MM/YY) _____

When did you become a member of the NATA? (MM/YY) _____

Who is your nominating Certified or Certified-Retired Member of P.A.T.S., Inc?

I certify that all of the information contained in my entire application is true and accurate to the best of my knowledge. I understand that dishonesty in any part of this application will disqualify me from eligibility for the scholarship, regardless of my qualifications.

Signature: _____

Date: _____

To be completed by the Athletic Training Student

FORM – A
THE NORTHEASTERN PENNSYLVANIA ATHLETIC TRAINING 5K RUN
Scholarship Application (Continued)

ACTIVITY PARTICIPATION (Other than athletic training):

A. Organization/Activity Leadership Position/Role Awards/Recognition

B. School or Class Offices

C. Other (Civic, Religious, etc.)

ACADEMIC AWARDS (Honors Awarded by your School or Institution):

ATHLETIC TRAINING STUDENT ACTIVITIES (List duties other than normal clinical education-related duties you perform that are related to athletic training, such as EMT, emergency room volunteer, workshops and seminars attended, youth league volunteer, etc.):

To be completed by Athletic Training Student

FORM – A
THE NORTHEASTERN PENNSYLVANIA ATHLETIC TRAINING 5K RUN
Scholarship Application (Continued)

ATHLETIC TRAINING STUDENT CLINICAL EXPERIENCE

Please describe your athletic training experience, including, but not limited to your clinical education experiences, your clinical duties and the activities you were specifically involved in during your time in your ATEP. In addition, please provide the committee with your professional goal(s) as it/the relate(s) to the athletic training profession.

(Please limit your answer to 300 words or less.)

To be completed by the Athletic Training Student

FORM – B
THE NORTHEASTERN PENNSYLVANIA ATHLETIC TRAINING 5K RUN
Nominating Athletic Trainer Evaluation
(PATS Certified or Certified Retired)

What are the applicant's greatest strengths?

Comment on the applicant's current clinical skills (e.g., injury recognition, evaluation, taping/wrapping, treatment and rehabilitation, organization and administration, counseling, etc.)

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.

Name: _____

Print

Signature: _____

Date: _____

NATA Cert. #: _____

PA Cert. #: _____

Address: _____

Street

City, State, and Zip Code

Phone: _____

Email: _____

To be completed by a Pennsylvania certified Athletic Trainer

FORM – B
THE NORTHEASTERN PENNSYLVANIA ATHLETIC TRAINING 5K RUN
Nominating Athletic Trainer Evaluation
(PATS Certified or Certified Retired)

Applicant's Name: _____
Last Middle First

Total supervised hours the applicant has gained clinical experience under a Pennsylvania Certified Athletic Trainer: _____

Freshman Year: _____

Sophomore Year: _____

Junior Year: _____

Senior Year: _____

Please rate the applicant in the following areas:

	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 Peers and other Medical Professionals				
Initiative and Work Ethic				
Dependability/Reliability				
Judgment/Common Sense				
Accepts Constructive Criticism				
Leadership				
Ability to Think Creatively				
Fitness for a Career in Athletic Training				
Earnestness about a Career in Athletic Training				

To be completed by a Pennsylvania certified Athletic Trainer

FORM – C
THE NORTHEASTERN PENNSYLVANIA ATHLETIC TRAINING 5K RUN
Academic Professor Endorsement

This form is to be completed by a faculty member or instructor of the nominee's institution who is not associated with the Athletic Training Education Program.

Upon what is this evaluation based? (Check all that apply and provide the requested information)

Student's performance in the following Classes (please list the course(s)):

Personal acquaintance (please explain):

Other (please explain):

Please comment on the nominee's ability to pursue advanced study in athletic training or related field:

**Is there anything which might impede this individual's ability to pursue athletic training as a profession?
If "Yes," please explain:**

Name: _____
Print

Title: _____

Signature: _____

Date: _____

To be completed by academic professor

FORM – D
THE NORTHEASTERN PENNSYLVANIA ATHLETIC TRAINING 5K RUN
College/Department Endorsement

Applicant's Name: _____
Last Middle First

College/University: _____

Degree Program: _____

Major: _____

Minor or Concentration: _____

Hours required for graduation: _____ Hours completed toward graduation: _____

Anticipated Graduation Date (MM/YYYY): _____

Current Cumulative GPA (on 4.00 scale): _____

Current GPA in Athletic Training Coursework (on 4.00 scale) : _____

TEST SCORES

Scores from either the SAT or the ACT **must be provided**; both may be provided if desired

SAT: Verbal: _____ Math: _____ Total: _____

ACT: _____

The following test scores are **optional**, and may be provided if available and if desired:

National Merit Scholarship Qualifying Test: _____

GRE: Verbal: _____ Quantitative: _____ Analytical Writing: _____

Miller Analogy Test (MAT): _____

I certify that all of the information contained on this form regarding the applicant is true and accurate.

Name: _____
Print

Title: Academic Dean Department Chair ATEP Director

Signature: _____ Date: _____

To be completed by DEAN, DEPARTMENT CHAIR, or ATEP PROGRAM DIRECTOR