



Scholarship Application  
For College/University  
Athletic Training Student

**Nominations Packet**

**\*\*\*Please Note\*\*\***

**APPLICATION DEADLINE**

Nominations must be received by April 1<sup>st</sup> !  
Only PATS Inc. Certified and Certified-Retired Members  
May nominate athletic training students

Send the complete Nomination Packet and applicable materials  
to:

**Chairperson, PATS, Inc. Honors and Awards Committee**

**Ellen West, MS, ATC Bruce Barnhart, EdD, ATC**

**250 University Ave.**

**California University of PA**

**California, PA 15419**

**(724) 938-4562 v (724) 938-4342 f**

[west\\_e@cup.edu](mailto:west_e@cup.edu) [barnhart@cup.edu](mailto:barnhart@cup.edu)

## **INTRODUCTION:**

The Pennsylvania Athletic Trainers' Society, Inc. is accepting applications to honor the outstanding students from the membership of P.A.T.S., Inc. These scholarships will be awarded to students who have demonstrated success academically and excel as athletic training students at their institutions. P.A.T.S., Inc. will present four awards (\$2,000.00 each) to deserving students. The scholarship is meant to encourage the recipient to pursue their education in athletic training or a related field.

Any Certified or Certified-Retired member of P.A.T.S., Inc. is to nominate no more than one candidate for this award. Additionally, no more than two candidates can be nominated from any one institution. The P.A.T.S., Inc. Certified or Certified-Retired member is responsible for establishing the candidates eligibility.

All materials are to be completed (forms typed) and forwarded in one package to the Chair of the P.A.T.S., Inc. Honors and Awards Committee at the address listed on the cover of this packet. **This is the responsibility of the applicant.**

The P.A.T.S., Inc. Honors and Awards Committee will evaluate the candidates applications, conduct formal interviews of the qualified candidates, and announce its selections to the membership at the P.A.T.S., Inc. annual meeting in May/June.

## CRITERIA FOR THE STUDENT SCHOLARSHIPS

- To be eligible for consideration for a P.A.T.S., Inc. Scholarship, an applicant shall:
- have been a student member of PATS for a minimum of six months prior to the application deadline.
  - Currently enrolled in an CAAHEP/CAATE approved/accredited curriculum in the Commonwealth.
  
  - signify an intention to pursue the profession of athletic training as a means of livelihood.
  - distinguish oneself academically.
  - records of students shall be judged on their overall GPA and athletic training GPA
  - perform with distinction as a member of the Athletic Training Student Program at their institution.
  
  - conduct oneself both on and off the field in a manner which has brought credit to themselves, their institution, and/or intercollegiate athletics and higher education.

### NOMINATING INSTRUCTIONS:

#### P.A.T.S., INC. UNDERGRADUATE SCHOLARSHIP:

1. Nominations shall be restricted to student members of P.A.T.S., Inc.
2. There are four forms to be completed and returned:
  - a. Student application completed and signed by the candidate.
  - b. Evaluation form to be completed and signed by the nominating athletic trainer.
  - c. Endorsement to be completed and signed by an academic professor.
  - d. Endorsement to be completed and signed by the College Dean, Department Chair or individual responsible for the nominee's academic program.
3. Please include the following with each application:
  - a. Official College Transcript
  - b. Scores or College Entrance Exams, (GRE's and/or MAT's) if available.
  - c. Copies of applicable membership cards (PATS, Inc., NAT A, etc.)
  - d. 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 P.A.T.S., Inc. Honors and Awards Committee.

\*\*\*\*Completed nomination packets must be received by the Honors & Awards Committee by April 1st. Any application packets received after the April 1<sup>st</sup> deadline may be returned to the applicant at the discretion of the Honors and Awards Committee Chairperson.

THE PENNSYLVANIA ATHLETIC TRAINERS' SOCIETY, INC.  
STUDENT SCHOLARSHIP  
STUDENT'S APPLICATION  
(Please type all information)

Name: \_\_\_\_\_  
Print: Last, First, Middle

Date of Birth: \_\_\_\_\_, \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
City, State

College or University: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

School Address: \_\_\_\_\_  
Street, City, State, Zip

School Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Undergraduate Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Are you enrolled in an Accredited curriculum? \_\_\_ YES \_\_\_ NO

Overall Grade Point Average on 4.00 Scale after fall semester of senior year:

Do you plan to make athletic training your primary field of professional endeavor after graduation? \_\_\_ YES \_\_\_ NO

If not, in what occupation do you plan to engage? \_\_\_\_\_

Who is your supervising Certified Athletic Trainer? \_\_\_\_\_

Are you currently serving as an athletic trainer student? \_\_\_ YES \_\_\_ NO

How many years experience have you had as an athletic trainer student?

High School: \_\_\_\_\_ College: \_\_\_\_\_ Approximately, how many hours of experience have you worked under the supervision of a Pennsylvania Certified Athletic Trainer?

\_\_\_\_\_

How long have you been a member of the P.A.T.S., Inc.? \_\_\_\_\_

The N.A.T.A.? \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Year/Date: \_\_\_\_\_

## **STUDENT'S APPLICATION (CONTINUED) ACTIVITY PARTICIPATION**

(Other than athletic training) Organization/Activity

Leadership Position/Role Awards/Recognition

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, workshops and seminars attended, youth league volunteer, etc.)

### **ATHLETIC TRAINING STUDENT CINICAL EXPERIENCE**

Please describe your athletic training experience; what duties were assigned and the activities you were specifically involved in during your tenure. In addition, please provide the committee with your professional goal(s) as it/they relate(s) to the athletic training profession.

**(Please use a separate sheet, limit your answer to 150 words or less.)**

THE PENNSYLVANIA ATHLETIC TRAINERS' SOCIETY, INC.  
P.A.T.S. STUDENT SCHOLARSHIP PROGRAM

COLLEGE DEAN, DEPARTMENT CHAIR, PROGRAM DIRECTOR OR  
ACADEMICIAN

Nominee's Name: \_\_\_\_\_  
(Last) (First) (Middle)

Institution: \_\_\_\_\_

ACADEMIC PROGRESS

Degree Program:

Major:

Minor:

Certifications, etc.:

Hours required for graduation: \_\_\_\_\_ Hours completed toward graduation: \_\_\_\_\_

Expected Completion Date: \_\_\_\_\_

Cumulative Grade Point Average at Certifying Institution: \_\_\_\_\_

G.P.A. for Athletic Training Courses: \_\_\_\_\_

(Based on 4.00 Maximum)

TEST SCORES:

SAT: Verbal \_\_\_\_\_ Math \_\_\_\_\_ Total \_\_\_\_\_

ACT: Composite \_\_\_\_\_

National Merit: \_\_\_\_\_

GRE: Verbal \_\_\_\_\_ Quantitative \_\_\_\_\_ Analytical \_\_\_\_\_

Miller Analogy Test: \_\_\_\_\_

Signed: \_\_\_\_\_  
Dean, Chair, or Program Director

Date: \_\_\_\_\_

**THE PENNSYLVANIA ATHLETIC TRAINERS' SOCIETY, INC.  
P.A.T.S. STUDENT SCHOLARSHIP PROGRAM**

**ACADEMIC PROFESSOR RECOMMENDATION FORM**

*This form is to be completed by a faculty member of the nominee's institution who is not associated with the athletic training program.*

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

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

This evaluation is based upon the following criteria:

Student's performance in the following Classes:

Personal acquaintance:

Other: (please specify)

**Signed:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**THE PENNSYLVANIA ATHLETIC TRAINERS' SOCIETY, INC.**

**P.A.T.S. STUDENT SCHOLARSHIP PROGRAM**

**CERTIFIED ATHLETIC TRAINER - SUPERVISOR**

**RECOMMENDATION**

**Student's Name:** \_\_\_\_\_  
(Last) (First) (Middle)

**Total Supervised Hours student has worked under a Pennsylvania Certified Athletic Trainer:**

**Freshman Year:** \_\_\_\_\_

**Sophomore Year:** \_\_\_\_\_

**Junior Year:** \_\_\_\_\_

**Senior Year:** \_\_\_\_\_

**Total:** \_\_\_\_\_

**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				
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				

**CERTIFIED ATHLETIC TRAINER - SUPERVISOR RECOMMENDATION**

\* Continued\*

What are the nominee's greatest strength's?

Comment on the student'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 in the field.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name Printed: \_\_\_\_\_ BOC Cert#: \_\_\_\_\_

PA Cert#: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

\* Reminder: Before mailing in this application be sure that it is complete. Keep a photocopy of all materials for your records