



# **Professional (Entry-Level) Athletic Training Student Scholarship Awards**

## **Application Nomination Packet**

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

### **APPLICATION DEADLINE**

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

Send completed Nomination Packet and applicable materials to:

**PATS, Inc. Honors and Awards Committee  
C/O John Post, MBA, LAT, ATC  
Eastern University  
1300 Eagle Road  
St. Davids, PA 19087  
Phone (610) 341-1316 fax (610) 341-1317  
[jpost@eastern.edu](mailto:jpost@eastern.edu)**

## **INTRODUCTION:**

The Pennsylvania Athletic Trainers' Society, Inc. is accepting applications to honor the outstanding students from the membership of PATS, Inc. These scholarships will be awarded to students who have demonstrated success academically and excelled as professional (entry-level) athletic training students. Currently, five \$2,000.00 scholarships will be awarded annually to deserving students in entry-level accredited programs who have participated with distinction in a college or university athletic training program. These scholarships are meant to encourage the recipient to pursue their education in athletic training and a career in athletic training.

Any Licensed/Certified or Licensed/Certified-Retired member of PATS, Inc., in conjunction with the program directors of the students' institution, may nominate no more than one candidate for this award. Additionally, no more than two candidates can be nominated from any one institution. The PATS, Inc. Licensed/Certified or Licensed/Certified-Retired member and/or the program director of the students' institution are responsible for establishing the candidate's eligibility.

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

In the spirit of these awards, previous winners may not apply for a second scholarship. However, candidates that applied and did not earn a scholarship in a previous year may reapply in a subsequent year if they have eligibility remaining.

The PATS, Inc. Honors and Awards Committee will evaluate the candidate's applications, conduct formal interviews of the qualified candidates (at the convention), and announce its selections to the membership at the PATS, Inc. annual meeting in May/June.

## CRITERIA FOR THE STUDENT SCHOLARSHIPS

To be eligible for consideration for a PATS, Inc. Scholarship, an applicant shall:

- have been a student member of PATS for a minimum of six months prior to the application deadline.
- currently be enrolled in a CAATE approved/accredited curriculum or a program in CAATE candidacy within the Commonwealth and:
  - if a student in an undergraduate program, they shall be considered during their third/fourth year.
  - if a student in an undergraduate program requiring more than four years of a baccalaureate degree, they shall be considered during their fourth year.
  - if a student in a professional (entry-level) Master's degree program, they shall be considered during their first year of study and should apply after completion of their first semester in the Master's program (applicants must send both undergraduate and graduate transcripts).
- signify an intention to pursue the profession of athletic training as a means of livelihood
- distinguish oneself through service initiatives, clinical and academic performance, and excel as an athletic training student at their institution. The emphasis of these awards is student involvement outside of the classroom (above and beyond required experiences).
- perform with distinction as a member of the Athletic Training Student Program at their institution.
- conduct oneself in a manner which has brought credit to themselves, their institution, and/or intercollegiate athletics and higher education.

## NOMINATING INSTRUCTIONS

### PATS, INC. PROFESSIONAL (ENTRY-LEVEL) SCHOLARSHIP AWARD

1. Nominations shall be restricted to student members of PATS, 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 Transcripts (graduate students must also send undergraduate transcripts)
  - b. Copies of all applicable membership cards (PATS, Inc., NATA, etc.) Applicants must be a member of PATS at least 6 months
  - c. Resume (indicating honors, awards, voluntary service, experience, certifications, memberships, etc.)
4. The **Applicant** is responsible for collecting all materials and forwarding them to the PATS, 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 AWARDS  
STUDENT'S APPLICATION  
(Please type all information)

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

Date of Birth: \_\_\_\_\_, \_\_\_\_\_ College or University: \_\_\_\_\_

Current Class/Year: (Jr, Sr, 1<sup>st</sup> Yr. Masters) \_\_\_\_\_ Graduation Date: \_\_\_\_\_

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

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

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

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

Cell Phone: \_\_\_\_\_

Email Address(es): \_\_\_\_\_

Overall Grade Point Average on 4.00 Scale after fall semester of current year: \_\_\_\_\_

SAT / GRE: \_\_\_\_\_

How long have you been a member of the PATS, Inc.? \_\_\_\_\_ Year: \_\_\_\_\_

The NATA? \_\_\_\_\_ Please provide your NPI number: \_\_\_\_\_

Do you plan on pursuing a career within the field of athletic training? \_\_\_\_\_

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

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

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 CLINICAL EXPERIENCE and ESSAY**

**\*\* Please limit your answer to ONE page or less – double spaced, 10 font**

Please write an essay about yourself. Describe how you became interested in athletic training. Provide us with details on your most significant clinical experiences. In addition, please tell us about your professional goal(s) as it/they relate(s) to the athletic training profession.



COLLEGE DEAN, DEPARTMENT CHAIR, PROGRAM DIRECTOR OR  
ACADEMICIAN

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

Institution: \_\_\_\_\_ Class/Year: \_\_\_\_\_

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 \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Dean, Chair, or Program Director

Print Name: \_\_\_\_\_



## 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 for undergraduate AT applicants. Graduate students may use a faculty member associated with the AT program.*

Please comment on the nominee's ability to pursue advanced study in athletic training or a related field. This may include attesting to the student's knowledge or clinical expertise. In other words, what sets this student apart from others?

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 CLASS:

How long you have known the applicant:

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

**Print Name:** \_\_\_\_\_

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





**CERTIFIED ATHLETIC TRAINER – PRECEPTOR RECOMMENDATION**

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

**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 - PRECEPTOR 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#: \_\_\_\_\_

NPI #: \_\_\_\_\_ 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.**