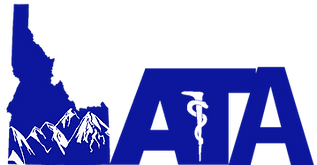
**IDAHO ATHLETIC TRAINERS’ ASSOCIATION**



**Scholarship Application**

**CRITERIA FOR APPLICATION**

I. To be eligible for consideration an applicant shall:

A. Be an IATA Member (NATA dues include membership fees for both NWATA and IATA). This will be confirmed through the IATA.

B. Have established an overall minimum cumulative grade point average of 3.0 (based on a maximum of 4.0) or its equivalent by the time of application.

C. Be enrolled as a graduate student in a CAATE accredited curriculum program in the state of Idaho.

D. Be sponsored by an Athletic Trainer who is a current member of the Idaho Athletic Trainers’ Association (IATA) and is Licensed with the State Board of Medicine. This will be confirmed through the IATA and the Idaho Board of Medicine website.

E. Have performed with distinction as a member of a related student program in his/her major. This would include holding an officer position or committee position with a student organization.

F. Have signified his/her intention to continue academic work as a full-time student and have been judged capable of this study by the Dean of the College or the Head of the Department in which he/she is enrolled.

G. Intend to pursue the profession of athletic training as the primary means of livelihood.

II. After satisfying the above requirements, consideration shall be given to the applicant’s participation in campus and community activities other than academic and athletic training, in which he/she has had the opportunity to demonstrate qualities of leadership and fellowship.

III. Once a scholarship has been awarded to an individual, that individual is no longer eligible for this scholarship.

**APPLICATION INSTRUCTIONS**

I. Nominations shall be restricted to athletic training students who become NATA members prior to March 1st.

II. There are **five** sections of the Scholarship Application to be completed:

A. An application to be completed by the candidate and signed by the candidate and the nominating Licensed Athletic Trainer.

B. An evaluation form to be completed and signed by the supervising Licensed Athletic Trainer.

C. An essay to be written by the candidate and signed by the candidate and nominating Licensed Athletic Trainer.

D. An endorsement to be completed and signed by the Dean of the College or the Head of the Department responsible for the nominee’s academic program.

E. An official transcript must be submitted from all academic institutions the candidate has attended.

III. The nominating Licensed Athletic Trainer is responsible for reviewing all pages of the application before it is sent for consideration. Please do not endorse applicates who have not shown the qualifications we wish to award for a student athletic trainer. All completed applications, including official transcripts, must be postmarked by **June 1 or received via email by 11:59pm June 1**. There is no limit to the number of applicants a Licensed Athletic Trainer can nominate.

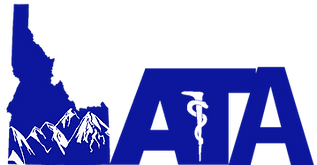
IV. **ALL PAGES OF THE SCHOLARSHIP APPLICATION MUST BE TYPED.**

V. The scholarship will be in the amount of $500 for one year only. Only one scholarship is granted per year by the IATA.

VI. **Application Checklist**

* Scholarship Application completed by both applicant and nominating athletic trainer.
* Nominating athletic trainer Evaluation of nominee completed by nominating athletic trainer.
* Applicant Essay completed by applicant student athletic trainer.
* Academic Institution Representative Endorsement completed by Dean of College or Head of Department.
* Entire application postmarked by June 1 or received via email by 11:59pm June 1.

**IDAHO ATHLETIC TRAINERS’ ASSOCIATION**



**Scholarship Application**

To be completed by athletic training student *(Must be typed)*

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

Last First Middle

Date of Birth: NATA Member:  Yes  No

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Undergraduate College/University: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Undergraduate Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Minor (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Level:   Masters (Professional)  Doctorate (Post Professional)

Graduate College/University: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Overall cumulative grade point average: (Based on a 4.0 maximum)

Do you plan to make athletic training your primary field of professional endeavor after you complete your athletic training education program?

Yes No

In which athletic training setting do you plan to practice?

High School  College/University Clinical/Industrial/Corporate

Professional Sports  Tactical/Military  Performing Arts/Entertainment

International  Education  Other

Athletic training experience:

Awards/Recognitions (specific to Athletic Training or not): \_\_\_\_\_\_\_\_\_\_\_\_\_

Organizations/Activities/Affiliations (specific to Athletic Training or not):

Offices/Positions held (class, civic, religious, etc.):

Signature of applicant: Date:

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**Nominating State Licensed Athletic Trainer:**

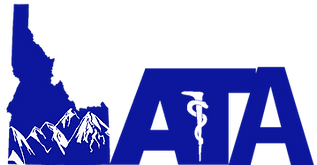
Name: Signature:

(print or type)

NATA Member:  Yes  No State Licensure #:

Date:

**IDAHO ATHLETIC TRAINERS’ ASSOCIATION**



**Licensed Athletic Trainer Evaluation of Nominee**

To be completed by supervising Licensed athletic trainer *(Must be typed)*

Athletic Training Student’s Name:

Last First Middle

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Rating:** | **Outstanding**  **(Top 10%)** | **Excellent**  **(Top 25%)** | **Good**  **(Top 40%)** | **Unable to Judge** | | Ability to Work/Relate to others |  |  |  |  | | Creativity |  |  |  |  | | Communication Skills |  |  |  |  | | Earnestness about a career in Athletic Training |  |  |  |  | | Independence |  |  |  |  | | Initiative |  |  |  |  | | Judgment/Common Sense/ Problem Solving |  |  |  |  | | Leadership |  |  |  |  | | Responsible |  |  |  |  | |

**Statement of Support**:

Please provide a statement of support for the athletic training student being nominated for this scholarship in the space provided below. Comments may be made on the reverse side of this page or in an attached document labeled **Statement of Support**.

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

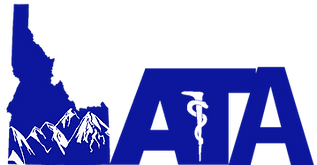
**Supervising Licensed Athletic Trainer:**

Name: Signature:

(print or type)

NATA Member:  Yes  No State Licensure #:

**IDAHO ATHLETIC TRAINERS’ ASSOCIATION**



**Athletic Training Student Essay**

To be completed by athletic training student *(Must be typed)*

Use this space to give a statement concerning your athletic training background, leadership experience, campus, or community activities and/or volunteer experience, philosophy, and goals to support your application. Please limit your response to the length of this page.

Name of Applicant:

(print or type)

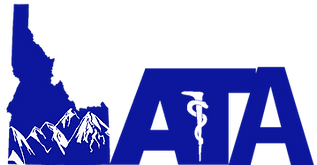
Signature: Date:

Name of Nominating Licensed Athletic Trainer:

(print or type)

Signature: Date:

**IDAHO ATHLETIC TRAINERS’ ASSOCIATION**



**Academic Institution Representative Endorsement**

To be completed by Dean of College or Head of Department *(Must be typed)*

Athletic Training Student’s Name:

Last First Middle

Institution Name:

Degree Program:

Expected Completion Date:

**By signing below, you verify that the applicant is in good standing with the university and confirms your endorsement of this student. If there is any reason why this applicant should not be considered for this award (plagiarism, cheating, criminal cases, civil cases, etc), please do not sign below and email** [**martin.monica@westada.org**](mailto:martin.monica@westada.org) **with your concerns.**

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**Head of Department or Dean of College:**

Name:

(print or type)

Signature: Date:

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

THIS APPLICATION MUST BE COMPLETED AND SUBMITTED **before 11:59pm** **June 1.**

INCOMPLETE APPLICATIONS WILL **NOT** BE PROCESSED.

OFFICIAL TRANSCRIPTS MUST BE MAILED OR ELECTRONICALLY SUBMITTED TO:

**Monica Kraack-Martin, ATC, LAT**

**IATA Scholarship**

**2000 S. Millennium Way**

**Meridian, ID 83642**

**Martin.monica@westada.org**