



EASTERN ATHLETIC TRAINERS' ASSOCIATION, INC.

In Conjunction with
NATIONAL ATHLETIC TRAINERS' ASSOCIATION, INC.

DISTRICTS I AND II

NOMINATIONS PACKET
FOR COLLEGE AND UNIVERSITY
SCHOLARSHIPS

**PROFESSIONAL SCHOLARSHIPS
FOR
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 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**



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 entry-level athletic training students. At present, ten \$2500 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 an entry-level athletic training degree.

Each Certified Athletic Trainer supervisor 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/supervisor. Complete criteria for candidacy may be found below.

The Certified Athletic Trainer supervisor 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.

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 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 entry-level 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 an entry-level 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 II 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 I or II.
- 2. There are four forms to be completed (pages 4-10):
 - 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.
 - 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 dean of the college or head of the department responsible for the nominee’s academic program.
- 3. Please include the following with each application:
 - A. Official College Transcript(s)
 - B. A copy of the student’s NATA Membership Card
 - C. Release form (accessible on the eata.org website; click on scholarship tab)
- 4. The Certified Athletic Trainer / Supervisor 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.

**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 what reasons you had for selecting this program; also include information on your future plans: (Please limit your answer to 150 words or less).

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

**ATHLETIC TRAINING EDUCATION 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: _____
ATEP 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.

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.

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SCHOLARSHIP PROGRAM**

CERTIFIED ATHLETIC TRAINER – SUPERVISOR 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 (month/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	_____	_____	_____	_____

