

**Kansas Athletic Trainers Society
Scholarship Application**

Please print or type:

Name _____
Last First Middle

Home Address: _____
Street Apt. #

City State Zip

School Address: _____
Street Apt. #

City State Zip

Home Phone: _____ School Phone: _____

Date of Birth: _____ Age: _____

Email Address: _____

Educational Information:

High School: _____
Name City State Zip

Undergraduate College or University: _____

Undergraduate Major(s): _____

Minor(s): _____

Graduate College or University: _____

Cumulative GPA (at time of application) _____

GPA in Major Field _____ Grade Point Scale (4.0 or 5.0) _____

Are you a current member of the NATA? _____

Year and month membership began? _____

If not a current NATA member (being a NATA member automatically makes you a KATS member), are you a current member of KATS? YES or NO _

If not a current NATA member, the year and month you began your KATS membership? _____

Are you currently serving as a athletic training student? YES or NO

Name of Supervising Athletic Trainer _____

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

High School _____ College/University _____

Are you currently planning to make athletic training your primary field of professional endeavor after graduation?
YES or NO

If not, what occupation do you plan to enter? _____

Biographical Sketch:

In the space provided, please answer each question to accurately describe yourself.

List the individual(s) whom influenced your decision to enter the field of athletic training and explain why.

List your current and past athletic training involvement and explain your responsibilities.

List any volunteerism and leadership in community service organizations involvement, after high school, unrelated to athletic training.

I certify that the information contained in this application is correct and accurate to the best of my knowledge.

Signature of Applicant

Date

Endorsing Athletic Trainer:

Each Certified Athletic Trainer may endorse only ONE student for the KATS scholarship. Please review application criteria available with this document.

I hereby endorse this scholarship applicant based on the candidate's athletic training abilities and verify that he/she meets all requirements as set forth in the scholarship criteria.

Signature of Endorsing Athletic Trainer

Date

Printed Name of Endorsing Athletic Trainer

Membership Number

Certification Number

Email Address

Phone Number

**Enclose with application a copy of your resume, three sealed letters of reference and college transcript including grades from the semester prior to application.