

District 1 – Carl Nelson Scholarship
Maine Athletic Trainers' Association
Scholarship Application

Criteria: To be eligible for consideration an applicant shall meet each of the following qualifications:

1. The applicant must be a student member of NATA District 1
2. The applicant must distinguish her/himself academically with an overall accumulative grade point average of 3.0 based on a maximum 4.0 system or its equivalent.
3. The applicant must have completed 2 years of committed service as an athletic training student at her/his institution.
4. The applicant must signify her/his intention to continue academic work to a baccalaureate degree as a full-time, undergraduate student and have been judged capable of this by her/his Athletic Training Education (ATE) Program Director.
5. The applicant must show a willingness to learn, be dedicated to the athletic training profession, maintain a strong work ethic, and display a good sense of humor.
6. The applicant must conduct her/himself in a manner that brings credit to her/himself, to her/his institution, and to intercollegiate athletics.

Nominating Instructions:

1. The ATE Program Director is the responsible official for collecting the completed nomination forms and related information.
2. Each ATE Program Director may submit no more than one nomination.
3. Two sections must be completed:
 - a. The ATS Scholarship Application
 - b. The ATE Program Director Evaluation Form
4. A transcript must be included with each Scholarship Application
5. Nominations shall be restricted to AT Students who are members of NATA District 1.
6. The completed Scholarship Application packet is to be mailed to the current MATA Vice President. The name and mailing address of the Vice President can be found on www.gomata.org.
7. Application deadline is November 1.

After satisfying the Scholarship requirements, consideration shall be given based on AT Student participation outside of athletic training where the AT Student demonstrates qualities of leadership and serves as an example to her/his peers.

MATA/District 1 scholarships will not be awarded to the same AT Student in consecutive years.

Need shall not be a factor in the granting of this scholarship. AT Students receiving assistance from other sources are still eligible for this scholarship.

District 1 Carl Nelson Scholarship
Maine Athletic Trainers' Association
Undergraduate Scholarship

AT Student Application

Name: _____
Last Name Middle

Date of Birth: _____ Place of Birth _____
City State

Are you a US Citizen: _____ Yes _____ No

College or University: _____

School Address: _____
Street City State Zip

School Phone: _____ Home Phone: _____

Current Class Standing: _____ Junior _____ Senior

Undergraduate Major: _____ Minor/Concentration: _____

Are you enrolled in a CAATE approved educational program? _____ Yes _____ No

Overall Grade Point Average (4 semester minimum) on a 4.0 Grade Scale: _____

Number of supervised hours of clinical experience: _____

Supervising Certified Athletic Trainers: _____

Years of Athletic Training Experience: _____ High School _____ College

Are you a student member of the MATA? _____ Yes _____ No
If yes, for how many years? _____

Applicant's Signature

Date

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AT Student Application

Activities Outside of Athletic Training

Organization and Activity

Leadership Position

Awards/Recognition

Other (Civic, Religious, etc.)

Academic Awards

Athletic Training Student Activities

List duties other than normal work related duties you have performed that are related to athletic training.
(i.e. EMT, emergency room volunteer, high school volunteer athletic training student, etc.)

List four duties you have performed for your institution as an athletic training student.
(Activities, teams, events have you been involved with and to what capacity or extent)

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Athletic Training Education Program Director Recommendation

AT Student: _____

Supervised Clinical Experience Hours:

First Year	_____
Second Year	_____
Third Year	_____
Fourth Year	_____

Rating

	Outstanding Top 5-10%	Excellent Top 25%	Good Top 40%	N/A
Ability to Communicate				
Verbal				
Written				
Ability to Relate to Co-Workers				
Initiative				
Work Ethic				
Dependability/Reliability				
Judgment/Common Sense				
Leadership Abilities				
Creativity				
Willingness to Learn				
Professionalism				

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Athletic Training Education Program Director Recommendation

What are your nominee's most outstanding attributes?

Comment on the nominee's clinical skills.

Summarize the nominee's assets, liabilities, and potential capabilities. Why do you feel this AT Student is more worthy than other AT Student's in your program?

ATE Program Director Signature

Date

ATE Program Director (Print Name)

BOC #

NATA Membership #

Street Address

City

State

Zip

E-mail Address

Phone Number

Make sure entire packet is complete before mailing. Keep a copy for your records.