

**NATA District One Scholarship  
Connecticut Athletic Trainers' Association  
Undergraduate Student Scholarship Program**

**Eligibility Requirements**

- Applicant must be a student member of NATA District 1.
- Applicant must have a Connecticut mailing address.
- Applicant must distinguish oneself academically, and as a participant in his/her athletic training program.
- Applicant must be enrolled in an undergraduate program requiring four years for a baccalaureate degree, and may apply during his/her junior year, or immediately prior to his/her final undergraduate academic year.
- Applicant must confirm his/her intent to pursue the athletic training profession as his/her primary means of livelihood.

**Nominating Instructions**

- Each certified athletic trainer may submit no more than one nomination.
- The following items must be submitted:
  1. The student application form completed and signed by the nominee.
  2. A letter of recommendation to be completed and signed by certified athletic trainer.
  3. Nomination Form signed by Dean of College or Head of Department.
  4. Undergraduate transcript.
- The deadline for filing applications is April 1.
- Submit completed application packet, and transcript to:

Steve Cannata  
29 Rivendell Road  
Marlborough, CT 06447

**NATA District One Scholarship  
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**Undergraduate Student Scholarship Application**

Name \_\_\_\_\_ Date \_\_\_\_\_  
(last) (first) (middle)

College or University \_\_\_\_\_

School Address \_\_\_\_\_  
(street) (city) (state) (zip)

Home Address \_\_\_\_\_  
(street) (city) (state) (zip)

Home Phone \_\_\_\_\_ School Phone \_\_\_\_\_

Current Class Standing: Junior \_\_\_\_\_ Senior \_\_\_\_\_ Email: \_\_\_\_\_

Major \_\_\_\_\_ Minor \_\_\_\_\_

Are you currently completing clinical experiences as an athletic training student? Yes \_\_\_\_\_ No \_\_\_\_\_

How many hours of athletic training experience have you gained under a certified athletic trainer? \_\_\_\_\_

Who is your supervising certified athletic trainer? \_\_\_\_\_

How many semesters of clinical experience have you had as an athletic training student? \_\_\_\_\_

Are you currently a member of the NATA? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, member # \_\_\_\_\_

How many years have you been a NATA member? \_\_\_\_\_

Are you currently a member of the Connecticut Athletic Trainers Association? Yes \_\_\_\_\_ No \_\_\_\_\_

How many years have you been a CATA member? \_\_\_\_\_

Are you currently planning to make athletic training your primary field of professional endeavor after graduation?

Yes \_\_\_\_\_ No \_\_\_\_\_

If not, in what occupation do you plan to engage? \_\_\_\_\_

**I hereby confirm that all of the foregoing information is true and correct.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Undergraduate Student Scholarship Application (continued)**

**ACTIVITY PARTICIPATION**

Describe any activities in which you participate (organizations, clubs, class offices, etc.)

List any experience you have had in athletic training.

List any academic awards or special recognition's you have received.





