**District 1 – Carl Nelson Scholarship** Maine Athletic Trainers’ Association Scholarship Application

This is a $2500 scholarship in honor of Carl Nelson, ATC. Carl worked at Colby College from 1959-93, serving students as an athletic trainer, associate professor and director of health services throughout his career. Nelson cared for Olympians in 1972, 1976 and 1980 winter games. He was inducted into the NATA Hall of Fame in 1986.

**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 cumulative grade point average of 3.0 based on a maximum 4.0 system or its equivalent.
3. The applicant must have completed a minimum of two 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 full­time, undergraduate student and have been judged capable of this by her/his Athletic Training (AT) 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.
7. The applicant must have a National Provider Identifier (NPI). This can be obtained through the following link. <https://www.nata.org/practice-patient-care/revenue-reimbursement/national-provider-identifier-npi>

# Nominating Instructions:

1. The AT Program Director is the responsible official for collecting the completed nomination forms and related information.
2. Each AT Program Director may submit no more than one nomination.
3. Two sections must be completed:
	1. The ATS Scholarship Application
	2. The AT Program Director Evaluation Form
4. A transcript must be included with each Scholarship Application
5. 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.](http://www.gomata.org/)
6. Application deadline is February 15th.

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.

Name:

Last Name Middle

Date of Birth:

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 accredited educational program? Yes No Overall Grade Point Average (4 semester minimum) on a 4.0 Grade Scale:

Number of supervised hours of clinical experience:

Years of Athletic Training Experience: High School College

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

By my submission of this application and my signature below, I attest that any scholarship funds awarded to me will be utilized for educational purposes, (tuition, books, etc)

Applicant’s Signature Date

**Athletic Training Student Activities**

**List all clinical experiences, including sites and preceptors.**

**List and describe any athletic training extracurricular activities.**

(i.e. EMT, emergency room volunteer, high school volunteer athletic training student, etc.)

# Non-Athletic Training Activities

Organization and Activity

Leadership Position

Awards/Recognition

Other (Civic, Religious, etc.)

# Academic Awards

List All Related Athletic Training Course Work

|  |  |  |  |
| --- | --- | --- | --- |
| **Course Number** | **Course Title** | **Grade** | **Date of Completion** |
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| **AT Student:** **Supervised Clinical Experience Hours:** | First Year |   |
|  | Second Year |   |
|  | Third Year |   |
|  | Fourth Year |   |
| **Rating** |  |  |

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

# 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?**

AT Program Director Signature Date

AT Program Director (Print Name) BOC #

NATA Membership #

Street Address City State Zip

E­mail Address Phone Number

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