

**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 membership began? \_\_\_\_\_

Are you a current member of KATS? \_\_\_\_\_

Are you currently serving as a student athletic trainer? \_\_\_\_\_

Name of Supervising Athletic Trainer \_\_\_\_\_

How many years of experience have you had as a student athletic trainer?

High School \_\_\_\_\_ College/University \_\_\_\_\_

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

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

**Biographical Sketch:**

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

**Describe the individual(s) and factors, which influenced your decision to enter the field of athletic training.**

**Describe your past involvement in athletic training. *Include sports, teams, or areas where you have been involved in the practice of athletic training. List any honors or awards you have received.***

**List any volunteerism and leadership in community service organizations 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 ONE Student for the KATS scholarship. Please review application criteria available with this document.

I hereby endorse this scholarship applicant based on the candidates, 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.