

NEW YORK STATE
ATHLETIC TRAINERS' ASSOCIATION
Scholarship Awards

NOMINATION PACKET

Sponsored by

**The Buffalo Bills
NYSATA
District II**

*****PLEASE NOTE*****

APPLICATION DEADLINE – **Completed** nominations packets must be postmarked by **November 1, 2010**. NATA Certified Athletic Trainers' who are NYSATA members may nominate student athletic trainers for these awards.

Send the completed nomination packet with official academic transcript to:

Timothy Neal, MS, ATC
Syracuse University
Manley Field House
Syracuse, NY 13244-5020
(phone office for any questions: 315.443.2084)

Introduction

The New York State Athletic Trainers' Association offers a scholarship program to honor outstanding student athletic trainers from the NYSATA membership. This year we will present four scholarships to deserving students from undergraduate institutions in New York State. One scholarship is sponsored by The **Buffalo Bills**, the original benefactor of the scholarship program. In addition, **NYSATA** and **District II** will sponsor the program. The awards are given to encourage recipients to continue their education in the field of athletic training.

Each certified athletic trainer who is a member of the NYSATA is asked to nominate one candidate to the scholarship committee.

The certified athletic trainer should make sure that all forms are completed, typed and forwarded in one package, with an official transcript of the candidate's academic record, to the Chair of the NYSATA Scholarships Committee at the address listed on the cover of this packet. Please duplicate the nomination packet as needed.

The NYSATA Scholarship Committee will screen the candidates and announce its selection to the NYSATA membership at the EATA annual meeting in January.

CRITERIA

To be eligible for consideration, an applicant shall:

1. Demonstrate outstanding academic achievement. Records of students shall be judged by their cumulative index at the end of the Spring Semester of their sophomore, junior, or senior year.
2. Be a student member of the NYSATA at the time of application.
3. Be currently enrolled in a college or university in New York at the time of application.
4. Have junior or senior standing at their academic institution.
5. Intend to pursue athletic training as a profession.
6. Be currently working toward eligibility to take the NATA certification exam.
7. Conduct oneself at all times in a manner which brings credit to themselves, their institution, intercollegiate athletics, and the ideals and objectives of American higher education.
8. Perform with distinction as a member of the Student Athletic Training Staff at their institution.

STUDENT'S APPLICATION

*NOTE: ALL RESPONSES MUST BE TYPED.

Name: _____
(Last) (First) (Middle I.)

Date of Birth: _____

College or University: _____

School Address: _____
(Street) (City) (State) (Zip)

Home Address: _____
(Street) (City) (State) (Zip)

School Phone: _(____)_____ Home Phone: _(____)_____

Current Class Standing: Junior ____ Senior ____

Undergraduate Major: _____ Minor: _____

Cumulative Grade Point Average on a 4.00 Scale: _____

Are you currently serving as a student athletic trainer? Yes ____ No ____

How many hours of work experience toward the minimum necessary for certification eligibility have you accumulated? _____

Who is your supervising Certified Athletic Trainer? _____

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

High School: _____ College: _____

Are you currently a student member of the New York State Athletic Trainers Association?

Yes ____ No ____

Are you currently planning to make athletic training your primary career upon graduation? Yes ____ No ____

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

When will you be eligible to take the NATA certification exam? _____
(Month/Year)

Supporting Information

Organization/Activity

Leadership Position

Awards/Recognition

Academic Awards

Student Athletic Training Activities

List any activities you are involved in related to athletic training, but that are not part of your normal duties as a student athletic trainer. (Examples: EMT, high school volunteer student trainer, youth league teams student trainer, Empire State Games volunteer student trainer, etc.)

List your assignments as a student athletic trainer at your school. What teams have you worked with and to what extent?

Specific Athletic Training Course Work

<u>Course Area</u>	<u>Course Title and Number</u>	<u>Grade</u>
Human Anatomy	_____	_____
Human Physiology	_____	_____
Kinesiology/Biomechanics	_____	_____
Physiology of Exercise	_____	_____
Basic Athletic Training	_____	_____
Advanced Athletic Training	_____	_____
Personal Health/Nutrition	_____	_____

I verify that the above information is factual.

(Signature of applicant)

(Date)

TEAM PHYSICIAN OR ACADEMIC PROFESSOR'S RECOMMENDATION

Please comment on the nominee's qualifications, strengths, and weaknesses as they relate to the profession of athletic training.

(Signature)

(Date)

(Title)

SUPERVISITNG CERTIFIED ATHLETIC TRAINER'S RECOMMENDATION

I certify that I am currently a member of the New York State Athletic Trainers' Association.

Name (Print or Type) _____ Date _____

Signature _____ Certification # _____

