

# Connecticut Athletic Trainers' Association

## Undergraduate Scholarship Common Application

The **Connecticut Athletic Trainers' Association** awards three undergraduate scholarships: the **CATA Undergraduate Scholarship**, the **District 1 Cathy Horne Scholarship**, and the **CATA Penny F. Dunker-Polek Scholarship**. Two additional sponsored undergraduate scholarships are also awarded: the **Select Physical Therapy CATA Scholarship**, and the **Elite Sports Medicine/Connecticut Children's Medical Center Dr. & Mrs. Paul A. Sirop Scholarship**. Athletic training students who are enrolled full-time in a Connecticut college or university are eligible for these scholarships. Award recipients are chosen by the CATA Executive Council in conjunction with the CATA Research and Education Committee. This application will make the applicant eligible for all of the above undergraduate scholarships except the **CATA Penny F. Dunker-Polek Scholarship**, which has a separate application.

### Eligibility Requirements-

- Applicant must be a full-time undergraduate student enrolled in an accredited Athletic Training Education Program in Connecticut.
- Applicant must be a student member of NATA and CATA. Out of state students enrolled in an Athletic Training program in Connecticut should change their permanent address to their Connecticut mailing address on the NATA website. This makes the student a member of the CATA and therefore eligible for the scholarships.
- Applicant must distinguish oneself academically, and as a participant in his/her athletic training program.
- Applicant may apply during his/her junior year, or immediately prior to his/her final undergraduate academic year (including 5<sup>th</sup> year).
- Applicant must confirm his/her intent to pursue the athletic training profession as his/her primary means of livelihood.

### Nomination 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 a certified athletic trainer.
3. Nomination form signed by the undergraduate Program Director or Department Head.
4. Undergraduate official transcript.
5. Copy of your NATA membership card

The deadline for filing applications is **April 1<sup>st</sup>**. Application packets must be postmarked no later than **April 1<sup>st</sup>** for consideration.

Submit completed application packet, and transcript to:

Julie K. DeMartini, Ph.D., ATC/LAT  
Assistant Professor  
Athletic Training Education Program  
Sacred Heart University  
demartinij@sacredheart.edu  
O: 203-365-4521

# Connecticut Athletic Trainers' Association Undergraduate Scholarship Common Application

## 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 \_\_\_\_\_  
(If no, please change your address on the NATA website to your current CT address to be eligible)

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: \_\_\_\_\_

# **Connecticut Athletic Trainers' Association Undergraduate Scholarship Common Application**

## **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 recognitions you have received.

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**CERTIFIED ATHLETIC TRAINING SUPERVISOR RECOMMENDATION**

Name of applicant \_\_\_\_\_  
(last) (first) (middle)

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Athletic Trainer

BOC Certification # \_\_\_\_\_

State License # \_\_\_\_\_

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**PROGRAM DIRECTOR OR HEAD OF DEPARTMENT  
NOMINATION FORM**

Applicant's Name: \_\_\_\_\_  
(Last)                      (First)                      (Middle)

Name of Institution: \_\_\_\_\_

Degree Program: \_\_\_\_\_

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

Credit Hours required for Graduation: \_\_\_\_\_ Credit Hours Completed: \_\_\_\_\_

Expected Completion Date of Undergraduate Degree: \_\_\_\_\_

Cumulative overall GPA (based on a 4.0 maximum) for all undergraduate course work: \_\_\_\_\_

**PROGRAM DIRECTOR OR HEAD OF DEPARTMENT**

Name and Title: \_\_\_\_\_

**I certify that the above applicant is enrolled at our institution, and that the foregoing information is correct.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_