

ILLINOIS ATHLETIC TRAINER'S ASSOCIATION, INC.
UNDERGRADUATE/GRADUATE APPLICATION

Please select which scholarship you are applying for:

- Dr. Richard Dominguez** **Living Memorial** **Robert C Hamilton** **Graduate**

Print this form, then fill it out and mail or scan it and email it to the IATA Vice President.

SECTION 1
MUST BE TYPED OR NEATLY PRINTED

Date: _____

Name: _____

Date of Birth: _____ Age: _____ Place of Birth: _____

College or University: _____

High School: _____

Applicant's School Address: _____

City: _____ State/Zip Code: _____

Phone: _____ Email: _____

Applicant's Home Address: _____

City: _____ State/Zip Code: _____

Phone: _____ Email: _____

Undergraduate Major: _____ Undergraduate Minor: _____

Graduate Major: _____

Overall Cumulative Grade Point Average at the time of application (based on a 4.0)

Undergraduate GPA: _____ Graduate GPA: _____

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Organizations/Activities/Positions Held:

Academic Awards:

Other Awards/Recognitions:

What is the effective date of your I.A.T.A. Membership?

Other Athletic Trainer's Association memberships?-List name(s) and length of affiliation:

Are you currently serving as an athletic training student?: Yes No

Explain your current position:

How many years of experience have you had as an athletic training student?

College/University:

Are you planning to make athletic training your primary field of professional endeavor after graduation: Yes No

If not, what occupation do you plan to enter?

Clinics or professional meetings attended:

Current Class: Freshman Sophmore Junior Senior Graduate

Upcoming Academic Year: Freshman Sophmore Junior Senior Graduate

I certify that the information contained in this application is correct and accurate to the best of my knowledge.

Applicant Signature

Date

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**SECTION 2: APPLICATION RECOMMENDATION FORM
MUST BE TYPED OR NEATLY PRINTED**

To be completed by sponsoring ATC, professor, head coach, team MD, character reference other than a family member.
The application should include 3 recommendation forms and letters.

A. STUDENT'S NAME: _____

B. RATING:

	Outstanding Top 5-10%	Excellent Top 25%	Good Top 40%	Unable to Judge
Responsibility/ Reliability				
Initiative				
Judgment/ Common Sense				
Ability to Work With/Relate to Others				
Leadership				
Poise/Self Confidence				
General Knowledge				
Persistence				
Personal Appearance				
Professional Attitude				

1. please mark the indicated box for the applicant
2. please enclose a letter of recommendation for the applicant in addition to this form

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SECTION 2: AUTOBIOGRAPHICAL SKETCH-to be completed by the applicant
MUST BE TYPED OR NEATLY PRINTED

You should include your reasons for wanting the scholarship; your outstanding qualities, characteristics and educational goals; clinics or professional meetings attended or involved in; awards won in high school and college; organizations to which you belong or belonged to in the past; athletic teams you worked with if applying for the undergraduate or graduate scholarship, and jobs which you held during the summer or while attending school. Limit your sketch to the front (and back, if needed) of this sheet.

Name of Applicant: _____

Signature of Applicant: _____ Date: _____