



KENTUCKY ATHLETIC TRAINERS' SOCIETY
\$353 Athletic Training Student
SCHOLARSHIP APPLICATION FORM

Name: _____

Address: _____

Phone Number: _____

College or University: _____

Current GPA: _____

Student Member of KATS: ____Yes ____ No

Athletic Training Education Program **DIRECTOR** Verification:

"I certify that the above student is eligible to sit for the BOC Exam and the GPA listed above is correct."

_____ *ATEP Program Director Signature*

_____ *ATEP Program Director Print*

_____ *ATEP Program Director Phone #*

_____ *Date*

Please submit the following:

- This application, complete with your Program Directors signature
- A brief (less than one page) statement of your professional goals for becoming a Certified Athletic Trainer (i.e. future plans in the profession, graduate study, etc)
- One recommendation letter from an individual besides your Program Director (i.e. professor, coach, etc)

Please submit the above via e-mail (print, fill out, scan, and attach documents) to the KATS Chair of the Awards/Scholarship Committee: **nrepka@novacare.com**