



Due in
Counseling
Ctr by
May 8, 2020

Suffolk County Athletic Trainers' Association Annual Scholarship Application

The Suffolk County Athletic Trainers' Association (SCATA) will award up to 3 scholarships, each valued at up to \$1000.00 to graduating high school seniors majoring in a sports medicine related field (exercise science, kinesiology, etc.) who intend to pursue Athletic Training.

Requirements

Each award recipient must meet the follow criteria in order to be considered for one of these scholarships:

- Be a graduating senior (June 2020 from a high school in Suffolk County, New York.
- Submit a copy of at least one acceptance letter from a college or university that states the student's intended major.
- Earned a minimum high school GPA of 3.3 (87%) at time of application.
 - Submit a signed verification form from a school official (guidance counselor, vice principal, etc.)
- Provide a letter of recommendation from a licensed health care practitioner that addresses the student's potential as a Certified Athletic Trainer.
- Provide a 1-2 page double spaced essay answering the following questions: What experience(s) in your life have led you to pursue a career in Athletic Training? What characteristics do you possess that you could bring the profession of Athletic Training?

Important Dates

- Application Deadline: May 15th, 2020
- Winners will be notified by mail and names will be posted on www.scatassoc.com on or before May 29th

All materials should be emailed to SCATAscholarship@gmail.com with attached documents as one PDF file no later than **May 15th, 2020**

For questions or inquiries, please contact us at SCATAscholarship@gmail.com



Suffolk County Athletic Trainers' Association
Scholarship Application

APPLICANT FULL NAME		
LAST	FIRST	MIDDLE
PERMANENT ADDRESS & CONTACT INFORMATION		
STREET ADDRESS		
CITY	STATE	ZIP
HOME PHONE	MOBILE PHONE	EMAIL
HIGH SCHOOL		
HIGH SCHOOL NAME	HIGH SCHOOL STREET ADDRESS	
CITY	STATE	ZIP

VERIFICATION FORM
TO BE COMPLETED BY SCHOOL OFFICIAL (Guidance Counselor, Principal, etc.)

NAME		TITLE
PHONE	FAX	EMAIL

1. Applicant's Name: _____ Cumulative GPA (out of 4.0) _____
2. Is the student expected to graduate at the conclusion of this academic year? Yes _____ No _____
3. Class Rank _____ Class Size _____ Average (percentage) _____
4. If your school does not use any of the aforementioned measurements, please provide an explanation regarding the student's academic standing among their classmates in the space provided.

Signature of School Official _____ Date _____

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Suffolk County Athletic Trainers' Association

Scholarship Application Check List

- Application with verification portion signed & completed by school official.
- A copy of at least one acceptance letter from a college or university that states the student's declared major in Athletic Training
- Letter of recommendation from a licensed health care practitioner that addresses the student's potential as a Certified Athletic Trainer.
- A 1-2 page double spaced essay answering the following questions:
 - What experience(s) in your life have led you to pursue a career in Athletic Training?
 - What characteristics do you possess that you could bring the profession of Athletic Training?

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Applications submitted after the deadline will not be considered.

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