

MISSISSIPPI ATHLETIC TRAINERS' ASSOCIATION

**Mississippi Athletic Trainers’ Association**

**Scholarship Committee**

Dear Fellow Athletic Trainer and Students of Athletic Training,

This application for a one time nonrenewable $1000 undergraduate scholarship to be awarded to one (1) student who has Mississippi residency and enrolled at a four year institution of higher learning. Students who have Mississippi residency but are attending a school out of state are eligible to apply. Please include your Mississippi address on the application. Enclosed please find the material necessary for applying for this undergraduate scholarship from the Mississippi Athletic Trainers Association. **DEADLINE for this scholarship application is March 1st annually**.

Students who are seeking to receive this scholarship need to be aware this is a one time non-renewable undergraduate scholarship that will be awarded by the MATA to one (1) student who has shown scholarly work in academics and participated in completing hours of clinical experiences in the field of athletic training. Students who are not awarded a scholarship by the MATA are encouraged to apply again. The monetary value of this scholarship will be sent directly to the award winner’s institution.

Applicants must meet **ALL** criteria stated on the enclosed pages and fill out the application form for consideration. The winner will receive written communication or phone call advising them that they won the scholarship. The award winner is encouraged but not required to attend the annual MATA Symposium to be recognized as an award winner.

Good Luck,

*Carole Rider*

Carole Rider , PhD, ATC, LAT

MATA Scholarship Committee, Chair



 MISSISSIPPI ATHLETIC TRAINERS' ASSOCIATION

 **MATA Scholarship Committee Criteria for**

 **Andy “Doc” Bryan Memorial**

 **Undergraduate Scholarship**

A one time non-renewable scholarship of $1000 will be awarded to one (1) outstanding student in athletic training enrolled at two or four-year institutions of higher learning located in the State of Mississippi. These institutions must employ a LICENSED ATHLETIC TRAINER who is a current member of the MATA. This scholarship will be awarded prior to the fall academic year. The awarding of a scholarship will be determined on the following criteria.

**Applicant Must:**

1. Complete an MATA Scholarship Application Form.
2. Submit a typed, double spaced, 250-300 word essay on, “Why I wish to become an Athletic Trainer”.
3. Submit a professional resume.
4. Be an upcoming college sophomore, junior, or senior athletic training aide, OR a student that actively works with the athletic training staff at a four year educational institution of higher learning, OR a sophomore at a community/junior college that actively works with the athletic training staff.
5. Be a member in good standing with the MATA or another state athletic training association and enrolled as a full-time student at the time of application and for the time the scholarship will be used.
6. Use and apply the scholarship monies toward the achievement of a baccalaureate or associate’s degree at an NATA approved curriculum college or university.
7. Have a minimum of 500 hours of documented clinical experiences in athletic training, if you have completed your junior year, OR a minimum of 50 hours of documented clinical experiences in athletic training, if you have completed your freshman year. This documentation of clinical hours must be included in the letter of endorsement from the supervising athletic trainer.
8. Have a licensed athletic trainer, who is a current member of the MATA or another states athletic training organization, send a letter of endorsement indicating the student’s good standing in the study of athletic training and the number of documented clinical hours completed by the sponsored student to the MATA Scholarship Committee separate from the Scholarship Application Form.
9. Have a minimum GPA of 3.0 and arrange for current official transcripts to be sent to the MATA Scholarship Committee. Unofficial transcripts will NOT be accepted.

**ALL materials must be postmarked by March 1,**

**and mailed to MATA Scholarship Committee**

**C/O Dr. Carole Rider, ATC, LAT**

**418 W. Minnesota Street**

**Brookhaven, MS 39601**



MISSISSIPPI ATHLETIC TRAINERS' ASSOCIATION

***FOR OFFICE USE ONLY***

**\_\_\_\_ Trans \_\_\_\_ Letter/Rec \_\_\_\_ Hrs \_\_\_\_ Resume \_\_\_\_ Essay \_\_\_\_ Membership**

 **Mississippi Athletic Trainers’ Association**

 **Andy “Doc” Bryan Memorial** **Undergraduate Scholarship Application**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Last) (First) (Middle)

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street, P.O.) (City) (St.) (Zip Code)

Mississippi residency address if attending a school out of state:

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Street, P.O) (City) (St.) (Zip Code)

Name of Current Educational Institution:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Next Institution (if transferring): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Next Academic Year, I will be a (mark only one):

* Sophomore at a Junior/Community College. \_\_\_
* Sophomore at a Senior College/University.\_\_\_
* Junior at a Senior College/University.\_\_\_
* Senior at a Senior College/University.\_\_\_

My current GPA: \_\_\_\_\_\_\_\_ I am a full-time student (circle): YES NO

Number of semester hours currently enrolled: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of documented clinical hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of sponsoring athletic trainer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I, , do hereby attest that I am a student member**

(type or print full legal name)

**of the Mississippi Athletic Trainers’ Association (MATA) or another state’s athletic training association and that all of the above statements are true and made without the intention of defrauding or obtaining this scholarship under false pretenses. Should any of the above statements be found to be false, I knowingly forfeit any opportunity to receive scholarship funds from the Mississippi Athletic Trainers’ Association OR** **shall return all monies owed to the Mississippi Athletic Trainers’ Association.**

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**Signature of Applicant Date**

**Sworn to and subscribed before me this day of , 20 .**

**SEAL** (Notary Public)

**My commission expires:**