

**Limestone College
Athletic Training Program
Scholarship Application**

The Athletic Training Program will award one scholarship to a deserving student in the junior class and senior class. In order to qualify for this scholarship, the student must be in good standing within the Athletic Training Program; have a minimum of a 3.0 cumulative GPA; have positive Clinical Experience Evaluations; have demonstrated exemplary character; and lastly, have a documented financial need.

I. Personal Information

Name: _____

Mailing Address: _____

Home Phone Number: _____

Cell Phone Number: _____

Email Address: _____

II. GPA Information (40%).

Cumulative GPA: _____

III. Clinical Experience Evaluations. *Identify and discuss any areas marked Strongly Agree or Disagree. How have these areas been addressed?*

Fall Semester

Date of Evaluation	Clinical Preceptor and Rotation	Areas marked Strongly Agree or Disagree

Spring Semester

Date of Evaluation	Clinical Preceptor and Rotation	Areas marked Strongly Agree or Disagree

IV. Recommendation (40%)

The student must have a recommendation from a Clinical Preceptor that they have worked with during the last academic year. See form attached to this email. Complete the top of the Recommendation Form and then scan it to the Clinical Preceptor. The Clinical Preceptor will return it to the Program Director.

V. Personal Statement (20%)

Submit a statement detailing your **strengths and weaknesses, professional goals, contributions to the Athletic Training Program, and why it is that you believe you are a deserving candidate for this award.** Statements must be typed, adhere to appropriate grammar and mechanics, and should be no longer than one page in length.

Please note that all materials for this award are due by **May 10, 2019.** It is perfectly acceptable to submit your materials via email. Students receiving awards will be notified by email.

**Limestone College
Athletic Training Program
Letter of Recommendation Form
Athletic Training Program Scholarship**

To the Applicant:

In accordance with the Family Education Rights and Privacy Act of 1974, an applicant for the Athletic Training Program Scholarship may waive his/her right to inspect the recommendation form. Such a recommendation will only be used in determining the Athletic Training Program Scholarship. An applicant is not required to execute a waiver.

I (print your name) _____

Waive my right _____ Do not waive my right _____ to inspect or review the recommendation form as related to the Athletic Training Program Scholarship.

Student Signature

Date

This recommendation form must be completed by a Clinical Preceptor that the student has worked with during the last academic year.

Characteristic	Above Average (5)	Average (4)	Below Average (3)	Poor (2)	Not able to judge
Responsibility					
Communication skills					
Time management skills					
Respectful					
Demonstrates academic competence					
Demonstrates clinical competence					
Demonstrates integrity					
Demonstrates cultural competence					
Demonstrates situational awareness					
Motivation					
Maturity					
Positive Attitude					
Consistent in efforts					
Potential					

Please take a moment to comment on the student's strengths and weaknesses as well as why you believe applicant should be considered for the Athletic Training Program Scholarship.

Clinical Preceptor Signature

Date

This recommendation should be returned to the Program Director