



TENNESSEE ATHLETIC TRAINERS SOCIETY

STUDENT ATHLETIC TRAINER SCHOLARSHIP APPLICATION

Name: _____

Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Total years College Student Athletic Trainer and/or Graduate Assistant Athletic Trainer: ____

TATS Member: Yes ___ No ___ If yes, years TATS Member: _____

NATA Member: Yes ___ No ___ If yes, years NATA Member _____

Are you an ATC? Yes ___ No ___ If yes, NATABOC Certification Number: _____

Are you a state licensed? Yes ___ No ___ If yes, State Licensure Number: _____

University/College: _____ Year in School: _____

Campus Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Major: _____ Minor: _____

Supervising Athletic Trainer: _____

ATTENTION: Please attach a brief written statement why you should be the recipient of the TATS scholarship and include your future plans and goals in this statement.

IN ADDITION: Enclose a copy of your transcript from your school's registrar AND three letters of recommendation from:

- 1). Your supervising athletic trainer;
- 2). Coach with whom you work on a daily basis;
- 3). Your professor from your major course of study along with the application form.

PLEASE NOTE: DEADLINE FOR APPLICATION IS DECEMBER 1st.

Please mail application to:

Ray Knight, MS, ATC/L
Chair, Scholarship Committee
University of the South
Dept. of Athletics
735 University Ave. Sewanee, TN 37383
(931) 598-1293
rknight@sewanee.edu