



**Sports & Orthopaedic Specialist – Part of Allina Health**  
**Professional Scholarship 2019-2020 Application**

**Applicants must be enrolled in a CAATE approved professional degree athletic training program, preparing to graduate with their athletic training degree, and sit for the BOC exam in the 2019-2020 or 2020-2021 academic year.**

Applicant Name (first/middle/last) \_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

NATA or MATA Member # \_\_\_\_\_

College/University Currently Attending \_\_\_\_\_

Intended Degree and Graduation Date \_\_\_\_\_

Cumulative overall GPA (based on a 4.0 max) for all undergraduate coursework to date \_\_\_\_\_

Cumulative overall GPA (based on a 4.0 maximum) for all graduate coursework to date \_\_\_\_\_

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Athletic Training Experience (special roles, responsibilities, etc.)

Conferences & Symposiums (indicate date/location of all educational meetings attended)

Organizations/Activities/Positions Held (school, civic, volunteer, religious, etc.)

Awards & Recognitions (academic, service, etc.)

**Application must include:**

- 1.) A typed one-page essay about your interest in the field of athletic training, including your professional goals and aspirations.
- 2.) One letter of recommendation from a sponsoring athletic trainer.
- 3.) Current transcript for all undergraduate and/or graduate athletic training program coursework to date.

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*I (do\_\_\_\_) (do not\_\_\_\_) plan to pursue the athletic training profession as my primary means of livelihood.*

*\_\_\_\_ I hereby confirm that all of the information in this application is true and accurate.*

Signature of Applicant\_\_\_\_\_

Date\_\_\_\_\_

**Applications must be postmarked by **March 12, 2019** and mailed to:**

Lisa Schniepp, MA, LAT, ATC  
9025 Bloomington Ave S  
Bloomington, MN 55425  
Phone: 651-324-6520  
[presidentelect@mnata.com](mailto:presidentelect@mnata.com)