

Name: _____
(Last) (First) (Middle)

Address: _____

City: _____ State: _____ Zip _____ Phone (____) _____

E-mail address: _____

Graduate College/University _____
Degree Program _____ Area of Emphasis _____

Undergraduate College/University _____ Graduation Date _____

Major _____ Minor _____

NATA Member Number _____

National Provider Identification Number: _____

Board of Certification Number: _____ Certification Date: _____

Name of Supervisor/Licensed Athletic Trainer _____

Cumulative overall GPA for ALL Postgraduate course work completed, to date _____

Athletic Training Experience (Please list experience and dates)

(Participation in campus activities, athletics or service to their employer and/or profession in which they have had an opportunity to demonstrate their qualities of leadership and to serve as an example to their fellow Students or co-workers)

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

Academic Awards/Scholarship Awards/Other Awards/Recognition

(Scholarships (NATA, GLATA) Research Grants, Academic Scholarships, Public Service Awards, etc)

I hereby confirm that all of the foregoing information is true and correct.

Signature_____

Date

WISCONSIN ATHLETIC TRAINERS ASSOCIATION
JEFF OLIPHANT MEMORIAL
POST-PROFESSIONAL SCHOLARSHIP APPLICATION
Section II Nomination Letter (to be completed by nominating person)

Section II Nomination letter should be completed and signed by a Licensed/Certified Athletic Trainer who is either from the applicant's graduate school or is a colleague of the applicant.

Please attach/submit letter that provides your comments in support of this applicant. Address the following areas: scholarly activities, initiative, leadership and communication skills, independence, judgment skills, acceptance of responsibility and their dedication to the athletic training profession.

In the signature portion of the nomination letter please include the following:

- Name
- Position/Title
- Certification Number
- WI License Number
- NPI Number
- Signature

WISCONSIN ATHLETIC TRAINERS ASSOCIATION
JEFF OLIPHANT MEMORIAL
POST-PROFESSIONAL SCHOLARSHIP APPLICATION
Section III Institutional Endorsement

To be completed and signed by the dean of the college or department head
responsible for the applicant's academic program

Applicants Name _____
Last First Credentials

Name of Institution _____

Applicant's Degree Program _____

Major _____

Academic Credit Hours Required _____ Academic Credit Hours Completed _____

Expected Completion of **POSTGRADUATE** Degree _____

Cumulative overall GPA for ALL Postgraduate course work completed, to date _____

DEAN OF COLLEGE OR HEAD OF DEPARTMENT

Please Print

Name _____

Title _____

I certify that the above applicant is enrolled at our institution, and that the foregoing information is correct

Signature _____ Date _____

WISCONSIN ATHLETIC TRAINERS ASSOCIATION
JEFF OLIPHANT MEMORIAL
POST-PROFESSIONAL SCHOLARSHIP APPLICATION
Section IV Applicant's Essay

Please use the space to provide a statement concerning your athletic training background, experience, philosophy and goals in support of your application.

Essay must explain how the degree will advance the athletic training profession.

DO NOT include a resume or any other letters of recommendation.

Please Print
Applicant's Name _____
Last First Credentials

Signature of Applicant _____ Date