

**WISCONSIN ATHLETIC TRAINERS ASSOCIATION
JEFF OLIPHANT MEMORIAL
POSTGRADUATE 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