

WISCONSIN ATHLETIC TRAINERS ASSOCIATION UNDERGRADUATE SCHOLARSHIP APPLICATION

SECTION III Evaluation by the sponsoring Licensed/Certified Athletic Trainer and Letter of Recommendation

Student's Name: _____

| | (Last) | (First) | (Middle) | | |
|----------------------------------------------------|--------------------------|----------------------|-----------------|----------------------|--------------------|
| Rating: | OUTSTANDING TOP 5-10% | EXCELLENT TOP 25% | GOOD TOP 40% | NEEDS IMPROVEMENT | UNABLE TO JUDGE |
| Initiative | | | | | |
| Persistence | | | | | |
| Independence | | | | | |
| Acceptance of Responsibility | | | | | |
| Reliability | | | | | |
| Judgment and Common Sense | | | | | |
| Ability to work with and relate to others | | | | | |
| Ability to think creatively | | | | | |
| Ability to communicate: verbal | | | | | |
| Ability to communicate: written | | | | | |
| Leadership | | | | | |
| Earnestness about a career in athletic training | | | | | |
| Fitness for a career in athletic training | | | | | |

Letter of recommendation must include the following:

Failure to address these points will adversely affect the total scoring of the application

1. Student's strengths and weaknesses.
2. Degree of expertise the applicant has attained in Athletic Training.
3. Any additional comments you would like to make

SPONSORING LICENSED/CERTIFIED ATHLETIC TRAINER

Please print

Name _____

Certification Number _____

Position/Title _____

WI License Number _____

NPI Number _____

Signature _____

Date _____