



**Athletic Training Experience** (Please list experience and dates)

(Badger State Games, State Special Olympic Events, High School State, Sectional, Regional Championships, Collegiate Conference, Region, National Championships, Other State, Local Competitions)

**Organizations/Activities/Positions Held** (school, Civic, religious, etc.)

**Academic Awards/Scholarship Awards/Other Awards/Recognition**

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

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

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

Signature\_\_\_\_\_

Date

**WISCONSIN ATHLETIC TRAINERS ASSOCIATION  
JEFF OLIPHANT MEMORIAL  
POSTGRADUATE SCHOLARSHIP APPLICATION  
Section II Nomination Letter**

Section II Nomination letter is to be completed and signed by a Licensed/Certified Athletic Trainer from the college or university that the applicant is a student of.

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 (if applicable)
- NPI Number
- Signature

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

WISCONSIN ATHLETIC TRAINERS ASSOCIATION  
JEFF OLIPHANT MEMORIAL  
POSTGRADUATE 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.

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

Please Print  
Applicant's Name \_\_\_\_\_  
Last First Credentials

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