WISCONSIN ATHLETIC TRAINERS ASSOCIATION
JEFF OLIPHANT MEMORIAL
POSTGRADUATE SCHOLARSHIP APPLICATION

Name: _______________________________________________________________
                      (Last)       (First)       (Middle)

Preferred Address: ______________________________________________________

City: ________________State: __________Zi p___________________Phone ( ___ ) __________

E-mail address: __________________________________________________________

Graduate College/University____________________________________________

   Major _________________ Minor ________________________

Undergraduate College/University___________________________________________Graduation Date __________

   Major _________________ Minor ________________________

SECTION I

NATA/GLATA Member Number ________________________________

WATA Student Member Number ________________________________

National Provider Identification Number: ______________

NATA BOC Certification Number: _____________ OR Anticipated Date of Certification Exam: _____________

Are you currently serving as an Athletic Student Trainer  Yes____  No____

Name of Supervisor/Licensed Athletic Trainer ________________________________

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

List Membership of other local and national professional organizations that you belong to
(include membership number)
(i.e.: American Academy of Sports Medicine, National Strength & Conditioning Association, Goldenkey International Honor Society)
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

Revised 10/2016
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Section II Nomination Letter

Section II Nomination letter is to be completed and signed by a Licensed/Certified Athletic Trainer from the college of 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
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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

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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

Revised 10/2016