

Suffolk County Athletic Trainers' Association

Annual Scholarship Application

The Suffolk County Athletic Trainers' Association (SCATA) will award up to 3 scholarships, with a value ranging from \$500 to \$1000.00 to graduating high school seniors majoring in a sports medicine related field (exercise science, kinesiology, etc.) who intend to pursue a career in Athletic Training or another related Allied Healthcare Profession.

Requirements

Each award recipient must meet the follow criteria in order to be considered for one of these scholarships:

- Be a graduating senior (June 2023 from a high school in Suffolk County, New York.
- Submit a copy of at least one acceptance letter from a college or university that states the student's intended major.
- Earned a minimum high school GPA of 3.3 (87%) at time of application.
- □ Submit a signed verification form from a school official (guidance counselor, vice principal, etc.)
- Provide a letter of recommendation from a licensed health care practitioner that addresses the student's potential as a Certified Athletic Trainer or Allied Healthcare Professional.
- Provide a 1-2 page double spaced essay answering the following questions: What experience(s) in your life have led you to pursue a career in Athletic Training or another Allied Healthcare Profession? What characteristics do you possess that you could bring the profession of Athletic Training or another Allied Healthcare Profession?

Important Dates

- Application Deadline: May 19^{th,} 2023
- Winners will be notified by email and on or before June 2nd

All materials should be emailed to SCATAscholarship@gmail.com with attached documents as one PDF file no later than May 19^{th,} 2023

For questions or inquiries, please contact us at SCATAscholarship@gmail.com



Suffolk County Athletic Trainers' Association Scholarship Application

APPLICANT FULL NAME		
LAST	FIRST	MIDDLE
PERMANENT ADDRESS & C	ONTACT INFORMATION	
STREET ADDRESS		
CITY	STATE	ZIP
HOME PHONE	MOBILE PHONE	EMAIL
HIGH SCHOOL	Military Share West Arms	
HIGH SCHOOL NAME	HIGH SCHOOL STREE	TADDRESS
CITY	STATE	ZIP
TO BE CO	VERIFICATION OFFICE	
NAME		AL (Guidance Counselor, Principal, etc.) TITLE
PHONE	FAX	EMAIL
Applicant's Name:		Cumulative GPA (out of 4.0)
		of this academic year? Yes No
B. Class Rank	Class Size	Average (percentage)
I. If your school does not garding the student's a	use any of the aforementioned cademic standing among their	d measurements, please provide an explanation reclassmates in the space provided.
Signature of School Officia	1	Date



Suffolk County Athletic Trainers' Association

Scholarship Application Check List

Application with verification portion signed & completed by school official.
A copy of at least one acceptance letter from a college or university that states the student's intended major.
Letter of recommendation from a licensed health care practitioner that addresses the student's potential as a Certified Athletic Trainer or another Allied Healthcare Professional.
A 1-2 page double spaced essay answering the following questions:
- What experience(s) in your life have led you to pursue a career in Athletic Training or in another Allied Healthcare Profession?
 What characteristics do you possess that you could bring the profession of Athletic Training or another Allied Healthcare Profession?

All materials should be emailed to SCATAscholarship@gmail.com with attached documents as one PDF file no later than May 19th, 2023.

Applications submitted after the deadline will not be considered.

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