



NTATS
Ben Buck Memorial Scholarship Application

Name: _____

Home Address: _____

Home Phone: _____ **Email address:** _____

School Name: _____

Supervising Athletic Trainer (s) : _____

Years as a Student Athletic Trainer: _____

College / University You are Planning to Attend : _____

Have you been accepted to Athletic Training Program: _____

GPA (on a 4.0 scale): _____

School Activites (other than athletic training – please attach additional pages if necessary):

- _____
- _____
- _____
- _____
- _____

Leadership Positions (please attach additional pages if necessary):

- _____
- _____
- _____
- _____
- _____

Workshops Attended (please attach additional pages if necessary):

- _____
- _____
- _____

References:

Name : _____
Title : _____
Address : _____
Phone Number : _____

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Checklist for Scholarship Application:

- _____ Two Letters of Recommendation, one of which is from your supervising athletic trainer
- _____ Resume, including school activities, jobs and leadership experience
- _____ One page essay (no more than 500 words) on what athletic training means to you and how athletic training will help you meet your professional goals
- _____ Scholarship Application postmarked by March 3