

EAST TEXAS ATHLETIC TRAINERS' ASSOCIATION

“Scott Allen” Undergraduate Scholarship

Criteria

The Applicant must:

- Have a sophomore, junior or senior standing for the upcoming academic year.
- Have worked as an athletic training student on the collegiate level for a period of one year prior to application.
- Be enrolled in an academic degree track leading towards a career in athletic training.
- Have a Grade Point Average (GPA) of at least 2.5 on 4.0 scale.
- Must not be on a full athletic or academic scholarship.
- ***include an unofficial transcript with application to be considered.***

The application must include two recommendation forms/letters.

- One recommendation must be completed by a licensed and/or certified member of the East Texas Athletic Trainers' Association. This recommendation must come from a person with knowledge of the applicant's clinical abilities/skills.
- One recommendation must be completed by a faculty member that is not associated with direct clinical education or with the athletic department.
- ***Each recommendation must be placed individually in a sealed envelope with the signature of the reference across the seal.***
- The applicant's Curriculum/Program Director may complete the Personal Recommendation form or the supervising athletic trainer form but not BOTH.

The completed applications must be POSTMARKED to the Scholarship Chairman PRIOR to May 8th, 2026. Incomplete application or applications postmarked after this date will not be considered by the Scholarship Committee.

**EAST TEXAS ATHLETIC TRAINERS'
ASSOCIATION**

Scott Allen Undergraduate Scholarship

All application materials should be sent to:

Jason Dodd MEd, L/ATC, ETATA Scholarship Chair
259 Colorado Street
Van, Tx 75790
doddt@whitehouseisd.org

Applicants can email Jason Dodd, Scholarship Chair at doddt@whitehouseisd.org to receive the application via email.

The Scholarship Committee will determine the award recipients from the applications received and from the information submitted. The committee's recommendations will then be submitted to the ETATA Board for final approval. The Board, upon recommendation from the Scholarship Committee, reserves the right to withdraw the scholarship prior to actual presentation of the award in the event of extenuating circumstances whereby the recipient displays behavior not in compliance with the ETATA standards.

The recipient will be notified prior to and presented their award at the ETATA Annual Golf Tournament. They must inform the Scholarship Chair of legitimate circumstances for missing the presentation to receive their award. If unable to attend, the applicant will inform the Scholarship Chair of an appointed individual who will receive their award at the Golf Tournament.

ETATA-Undergraduate Scholarship

Please complete the application packet, print two copies-one for your records and one for the ETATA Scholarship Committee. Two recommendation forms must be completed by your Supervising Athletic Trainer/Program Director and non-athletic training faculty member.

Application Checklist:

- ☐ **APPLICATION PACKET**

ETATA Scholarship Personal Information Form

ETATA Scholarship Application Form

Applicant Scholarship Narrative

- ☐ **Required Signatures**

Applicant Signature

Supervising Athletic Trainers' Signature

- ☐ **Copy of Unofficial Transcript**

- ☐ **Recommendation Forms**

Supervising Athletic Trainer Recommendation Form or
Program Director Letter of Acceptance

Personal Recommendation completed by a faculty member that is not associated with direct clinical education or with the athletic department.

- ☐ **Printed Two Copies** (One for your records - One for Committee)

ETATA-Scott Allen Undergraduate Scholarship Personal Information Form

Name: _____ Date: _____

Date of Birth: _____ College/University: _____

Permanent Address: _____

City: _____ State: ____ Zip Code: _____

Permanent Phone Alternate Phone Email

Current Academic Standing: Freshman Sophomore Junior Senior

Undergraduate Major: _____ Overall GPA: _____ Scale: _____

Are you currently serving as an athletic training student? YES NO

How many years of experience do you have as an athletic training student?

High School: _____ College/University: _____

Are you planning on making athletic training your primary field of professional endeavor after graduation?

YES NO

If not, what field do you plan on entering? _____

Name of Supervising Certified Athletic Trainer: _____

Supervisors Email (for contact purposes only) _____

Supervisors Licensure Number: _____

Signature of Supervising Athletic Trainer

I hereby confirm that all the submitted application materials are true and correct.

Signature of Applicant:

Date:

ETATA-Scott Allen Undergraduate Scholarship Scholarship Application Form (pg. 1 of 3)

Please list under each heading your involvement.

(If you prefer, you can type this on Microsoft Word, then print and add your paperwork to the application. Just be sure to have each heading.)

Organizations / Activities:

Leadership Positions:

Awards and Recognitions:

School or Class Offices:

Other Activities (Civic, Religious, etc...)

To be completed by a professional with knowledge of the applicant's athletic training clinical abilities/skills (such as supervising Athletic Trainer or Coach)

This form is to be completed by the reference staff member. Please then place it into an envelope and sign your name across the seal. The envelope is to be returned to by the applicant with the scholarship application packet.

Name of Applicant: _____

Please rate the applicant in each of the following areas by choosing the appropriate number rating scale.

Excellent 5 Good 4 Average 3 Poor 2 Unsatisfactory 1

_____ Demonstrates loyalty to the athletic training program, the institution, and staff.

_____ Demonstrates communication skills

_____ Shows Initiative

_____ Demonstrates the ability to accept constructive criticism

_____ Demonstrates the ability to accept responsibility

_____ Demonstrates ethical behavior

_____ Demonstrates the ability to get along with others

_____ Demonstrates a positive attitude

_____ Projects a professional appearance

_____ Demonstrates a desire to gain professional knowledge

_____ Demonstrates basic knowledge and skills necessary for the athletic training profession

Any additional comments:

Signature: _____ Date: _____

Name: _____ Title: _____

Email Address: _____

Applications must be postmarked by: May 8th, 2026