

# Connecticut Athletic Trainers' Association

## Oliver W. Dayton

### Graduate Scholarship Application

The **Connecticut Athletic Trainers' Association** awards one graduate scholarship, the **Oliver W. (Bill) Dayton Graduate Scholarship**. The CATA offers this scholarship to master's level athletic trainers who are enrolled full-time in a Connecticut college or university. Award recipients are chosen by the CATA Executive Council in conjunction with the CATA Research and Education Committee.

#### **Eligibility Requirements-**

- Applicant must be a full-time graduate master's level student attending a college or university in Connecticut
- Applicant must distinguish oneself academically in their program of study and be practicing as an Athletic Trainer.
- Applicant may apply any time prior to his/her final academic year of graduate work.
- Applicant must signify an intention to continue academic work toward a graduate degree as a full-time graduate student.
- Applicant must confirm his/her intent to pursue the athletic training profession as his/her primary means of livelihood.
- Applicant must be a member of NATA and CATA. Out of state Athletic Training graduate students enrolled in a graduate program in Connecticut should change their permanent address to their Connecticut mailing address on the NATA website. This makes the graduate student a member of the CATA and therefore eligible for the scholarship.

#### **Nominating Instructions-**

Each Certified Athletic Trainer may submit no more than one nomination.

The following items must be submitted:

1. The student application form completed and signed by the applicant.
2. A letter of recommendation to be completed and signed by the nominating athletic trainer.
3. Nomination form signed by Athletic Training Program Director or Head of Department.
4. Official undergraduate transcript.
5. Official graduate transcript.
6. A copy of your NATA membership card

The deadline for filing applications is **April 1<sup>st</sup>**. Application packets must be postmarked no later than **April 1<sup>st</sup>** for consideration.

Submit completed application packet, and all transcripts to:

Eric Scibek, MS, ATC, LAT, CSCS  
Sacred Heart University  
Human Movement & Sports Science Department  
5151 Park Avenue  
Fairfield, CT 06825

**Connecticut Athletic Trainers' Association  
Oliver W. Dayton  
Graduate Scholarship Application**

**Graduate Student Scholarship Application**

Name \_\_\_\_\_ Date \_\_\_\_\_  
(last) (first) (middle)

Connecticut Address: \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Email: \_\_\_\_\_

Undergraduate School \_\_\_\_\_

Major \_\_\_\_\_ Cumulative GPA (based on 4.0 maximum) \_\_\_\_\_

Graduate School \_\_\_\_\_

Major \_\_\_\_\_ Cumulative GPA (based on 4.0 maximum) \_\_\_\_\_

Are you currently serving as a Graduate Assistant Athletic Trainer? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you completed the requirements needed to be eligible to take the BOC certification exam?

Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a BOC Certified Athletic Trainer? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently a member of the Connecticut Athletic Trainers Association? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If no, please change your address on the NATA website to your current CT address to be eligible)

How many years have you been a member? \_\_\_\_\_

Are you currently planning to make athletic training your primary field of professional endeavor after graduation?

Yes \_\_\_\_\_ No \_\_\_\_\_

If not, in what occupation do you plan to engage? \_\_\_\_\_

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

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

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**Graduate Student Scholarship Application (continued)**

**Athletic Training Experience**

**Research & Publications**

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

**Academic Awards/Other Awards/Recognition**

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**CERTIFIED ATHLETIC TRAINING SUPERVISOR RECOMMENDATION**

Name of Nominee \_\_\_\_\_  
(last) (first) (middle)

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Athletic Trainer

BOC Certification # \_\_\_\_\_

State License # \_\_\_\_\_

