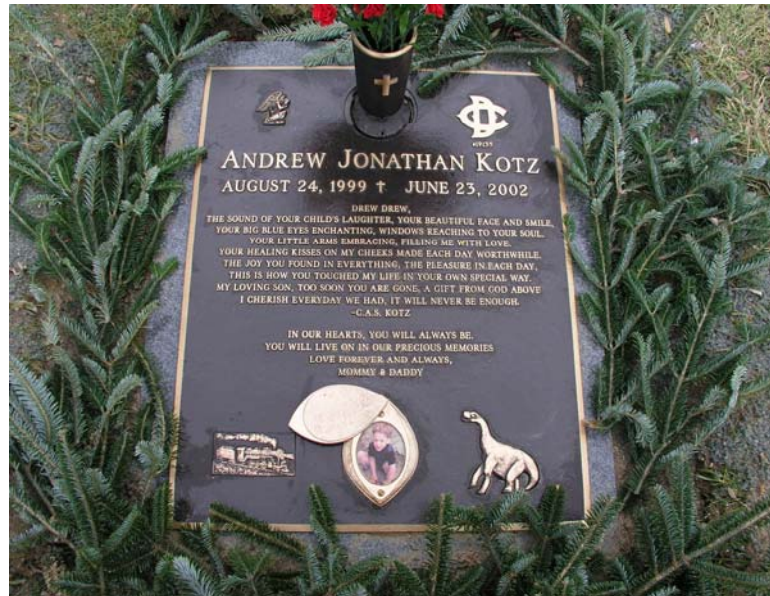


Andrew Kotz Memorial Scholarship

Dedicated to Andrew Jonathan Kotz, 1999 – 2002, son of Carolyn & Peter Kotz,
MATA Past President



**Andrew Kotz Memorial Scholarship
Maryland Athletic Trainers' Association**

Applications are currently being accepted for the Andrew Kotz Memorial Scholarship. The recipient of this award will receive \$500, which must be used to defray costs pertaining to the student's undergraduate Athletic Training education.

Eligibility:

Students must:

1. Be enrolled and be in good standing in an Athletic Training Education Program within the state of Maryland
2. Be at the level of a sophomore or junior Athletic Training Student
3. Have a minimum major GPA of a 2.75 on a 4.0 grade scale
4. Students may not win the Andrew Kotz Memorial Scholarship more than once during his/her undergraduate education.

Selection Criterion:

Selection for the Andrew Kotz Memorial Scholarship will be based upon the following:

1. Clinical Involvement and Experiences
2. Academic Achievement
3. Extracurricular activities
4. Leadership Potential
5. Professionalism
6. Dedication to the profession of Athletic Training

Application Procedure:

The following materials must be mailed to the Andrew Kotz Memorial Scholarship Committee. Applications must be postmarked by April 1st.

1. Completed Application Form
2. Letter of recommendation from the students' ATEP Director
3. Letter of recommendation from a Clinical Instructor who can attest to the students clinical skills and professionalism
4. Typed Essay
5. Official transcript

Please mail the application to:

Peter Kotz, ATC
Chair, Andrew Kotz Memorial Scholarship
Good Counsel High School
17301 Old Vic Blvd
Olney, MD 20832
kotz@olgchs.org
Fax: 301-942-2555

Andrew Kotz Memorial Scholarship

Application Form

Must Be Typed

SECTION I: Student Information

Name _____
Last First Middle

College or University: _____

NATA Membership Number _____ Member Since _____

School Address _____

Home Address _____

School Phone _____ Home Phone _____

Cell Phone (if contact is preferred here) _____

E-mail Address _____ Date of Birth _____

Athletic Training Education Program Director _____

ATEP Director's Phone _____

Current Major _____ Current Minor _____

Student Signature _____ Date: _____

Section II: Additional Information

Do you expect to make athletic training your primary career choice? Yes _____ No _____

What do you see yourself doing professionally in five years? _____

Do you hold any professional certifications (EMT, PTA, PT, etc.)? If yes, please list. _____

SECTION III: Activities

Please list any experiences you have obtained **OUTSIDE** of your required clinical education experiences (ie internships),as well as the dates that each occurred_____

Please list **all** extracurricular activities, organizations, etc. in which you are active. Include offices or positions held, and dates you were/are active_____

Please list all Professional meetings and conferences you have attended while enrolled in the ATEP at your institution. (ie. MAATA Annual Meeting May, 2003)_____

Please list any professional publications or presentations you have given, as well as the location of the presentation_____

***Students may attach additional pages regarding the above requested information if necessary.**

Section IV: Program Director
(To be completed by the students' Athletic Training Education Program Director)

Is this student currently enrolled and in good academic and clinical standing within the Athletic Training Education Program at your institution? Yes_____ No_____

Expected Date of Graduation_____

Date Admitted into the Clinical Education Component of the ATEP_____

Semesters Completed within the Athletic Training Education Program_____

Clinical Hours Completed at the end of the last FULL semester_____

Total Clinical Hours Accumulated_____

Overall Grade Point Average_____ Is this on a 4.0 Scale?_____

Major Grade Point Average_____

Athletic Training Education Program Director's Signature_____

Certification Number_____ Date_____

SECTION V: Essay

Please describe one specific event or individual that has influenced your life and made you into the individual you are today. Include how you feel this event or person will influence you professionally in the future. Please limit your answer to this page only.

**Andrew Kotz Memorial Scholarship
Recommendation form**

To be completed by the Athletic Training Education Program Director

Applicants Name: _____

| | TOP 1% | Top 5% | TOP 10% | TOP 25% | TOP 50% | NEEDS IMP | UNABLE TO JUDGE |
|----------------------------------|-----------|-----------|------------|------------|------------|--------------|--------------------|
| Reliability | | | | | | | |
| Professionalism | | | | | | | |
| Judgment | | | | | | | |
| Leadership Ability | | | | | | | |
| Motivation for a Career in AT | | | | | | | |
| Interpersonal Skills | | | | | | | |
| Oral Communication Skills | | | | | | | |
| Initiative | | | | | | | |
| Integrity | | | | | | | |
| Maturity | | | | | | | |

In a separate letter, please support your ratings above.

Submitted by:

Name: _____

Credentials: _____

Title: _____

Phone: _____

Signature: _____

Date: _____

**Andrew Kotz Memorial Scholarship
Recommendation form**

To be completed by the Clinical Instructor

Applicants Name: _____

| | TOP 1% | Top 5% | TOP 10% | TOP 25% | TOP 50% | NEEDS IMP | UNABLE TO JUDGE |
|----------------------------------|-----------|-----------|------------|------------|------------|--------------|--------------------|
| Reliability | | | | | | | |
| Professionalism | | | | | | | |
| Judgment | | | | | | | |
| Leadership Ability | | | | | | | |
| Motivation for a Career in AT | | | | | | | |
| Interpersonal Skills | | | | | | | |
| Oral Communication Skills | | | | | | | |
| Initiative | | | | | | | |
| Integrity | | | | | | | |
| Maturity | | | | | | | |

In a separate letter, please support your ratings above.

Submitted by:

Name: _____

Credentials: _____

Title: _____

Phone: _____

Signature: _____

Date: _____