

# Andrew Kotz Memorial Scholarship Application

#### **Maryland Athletic Trainers' Association**

# **Eligibility**

#### Applicants must:

- 1. Be enrolled and in good standing in a CAATE-accredited professional Athletic Training Program (ATP) in the state of Maryland.
  - First-year and second-year graduate students are eligible to apply, though second-year students must be enrolled at the time of application submission.
- 2. Have a minimum major GPA of 3.0 on a 4.0 grade scale.
- 3. Applicants may not receive the Andrew Kotz Memorial Scholarship more than once during their professional athletic training education.

#### Selection Criteria

Recipients will be selected based on 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 postmarked by April 1st and mailed to the Andrew Kotz Memorial Scholarship Committee:

- 1. Completed application form (typed)
- 2. Letter of recommendation from the student's ATP Director
- 3. Letter of recommendation from a preceptor who can attest to the student's clinical skills and professionalism
- 4. Typed essay (see Section V)
- 5. Official transcript

#### Mail to:

Peter Kotz, ATC Chair, Andrew Kotz Memorial Scholarship Good Counsel High School 17301 Old Vic Blvd Olney, MD 20832

Email: kotz@olgchs.org Fax: 301-942-2555



# **Application Form**

#### Must Be Typed

SECT	ION	ŀ	Student	Inforn	nation
			OLUMBIIL		IGUUL

1.	Full Name:
2.	College or University:
3.	NATA Membership Number:
4.	Member Since:
	ct Information
•	School Address:
•	School Phone:
•	Home Address:
•	Home Phone:
•	Cell Phone:
•	Email:
Acade	emic Details
•	Athletic Training Program Director:
•	Director's Phone:
•	Current Major:



• Cur	rrent Minor (if any):
Signature	& Date
• Stu	dent Signature:
• Dat	e:
SECTION	N II: Additional Information
	you expect to make athletic training your primary career choice? Yes □ No
• Wh	at do you see yourself doing professionally in five years?
	you hold any professional certifications (EMT, PTA, PT, etc.)? Yes □ No res, list them:
SECTION	N III: Activities
	clinical experiences you obtained OUTSIDE of your required coursework (e.g., ernships). Include dates:
• List	all extracurricular activities, organizations, or leadership roles, including dates:
	all professional meetings/conferences attended while enrolled in your ATP: g., MAATA Annual Meeting – May 2023)



•	List any professional publications or presentations you have contributed to, including location and date:						
Attach	Attach additional pages as needed.						
SEC	ΓΙΟΝ IV: Program Director Evaluation						
(To be	completed by the ATP Director)						
•	Is the student currently enrolled and in good academic and clinical standing in your Athletic Training Program? $\Box$ Yes $\Box$ No						
•	Expected Graduation Date:						
•	Date Admitted to Clinical Component of ATP:						
•	Semesters Completed in ATP:						
•	Clinical Hours Completed (end of last full semester):						
•	Total Clinical Hours Accumulated:						
•	Overall GPA: □ On a 4.0 Scale						
•	Major GPA:						
•	Director's Name (Printed):						
•	Signature:						
•	Certification Number:						
_	Data						



# **SECTION V: Essay**

## Prompt:

Describe one specific event or individual that has influenced your life and shaped who you are today. How will this influence your future as an athletic trainer?

Limit response to this page only



# Andrew Kotz Memorial Scholarship Recommendation form

# To be completed by the Athletic Training Program Director

**Applicants Name:** 

Applicants name:								
	TOP 1%	Top 5%	TOP 10%	TOP 25%	TOP 50%	NEED S IMP	UNABLE TO JUDGE	
Reliability								
Professionalism								
Judgment								
Leadership Ability								
Motivation for a Career in AT								
Interpersonal Skills								
Oral Communicati on Skills								
Initiative								
Integrity								
Maturity								

In a separate letter, please support your ratings above.



# Andrew Kotz Memorial Scholarship Recommendation form

# To be completed by the Preceptor

**Applicants Name:** 

Applicants Name	<u>:</u>						
	TOP 1%	Top 5%	TOP 10%	TOP 25%	TOP 50%	NEED S IMP	UNABLE TO JUDGE
Reliability							
Professionalism							
Judgment							
Leadership Ability							
Motivation for a Career in AT							
Interpersonal Skills							
Oral Communicati on Skills							
Initiative							
Integrity							
Maturity							

In a separate letter, please support your ratings above.

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Applications must be postmarked by April 1st each year.

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 associated with the student's professional Athletic Training education.

#### **Eligibility Criteria**

#### **Applicants must:**

- Be enrolled and in good standing in a CAATE-accredited professional Athletic Training Program (ATP) within the state of Maryland.
- Be enrolled in any year of a professional graduate ATP.
- Have a minimum major GPA of 3.0 on a 4.0 grade scale.
- Not have previously received the Andrew Kotz Memorial Scholarship more than once during their professional athletic training education.

#### **Selection Criteria**

Scholarship selection will be based on the following:

- Clinical involvement and experiences
- Academic achievement
- Extracurricular activities
- Leadership potential
- Professionalism



• Dedication to the profession of Athletic Training

## **Application Procedure**

The following materials must be mailed to the Andrew Kotz Memorial Scholarship Committee and postmarked by April 1st each year:

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- Letter of recommendation from a preceptor who can attest to the student's clinical skills and professionalism
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