



CATS Family Scholarship

Revised 2/26/2019

Scholarship Awards:

CATS will award scholarships in the amount of \$2000.00:

- A. Moose Detty CATS Family Scholarship (sponsored by PRO Orthopedics)
- B. Otho Davis CATS Family Scholarship (sponsored by CDM Sport)
- C. Dan Gorman CATS Family Scholarship (sponsored by CDM Sport)
- D. Hydroworx CATS Family Scholarship (sponsored by Hydroworx)
- E. Gatorade CATS Family Scholarship (sponsored by Gatorade)
- F. Litecure CATS Family Scholarship (sponsored by Litecure)

Eligibility:

(To be eligible for these awards:)

1. There is no limit as to how many applications a CATS member's children may submit, however only one per member per year will be awarded unless there are insufficient applications to meet the available total scholarships.
2. Applicant must be accepted or enrolled full-time at a traditional college/university the same year of application.
 - a. If insufficient number of applications are received the following will be considered:
 - i. Graduate school
 - ii. Traditional 2 year college
 - iii. Trade school
3. CATS members, who have children applying for CATS Family Scholarships, must be active in CATS. This is defined by having an active membership and attending at least 1 CATS symposium within the past three years of application.
4. CATS members "children" applying for a scholarship must meet the IRS definition of a dependent.
5. CATS Board Members, officers and employees are not eligible for CATS Family Scholarships unless there are insufficient applications to meet the available total scholarships.

Please submit the following:

1. Completed application form with required signatures.
2. Most recent official transcript notarized from current institution(s).
3. Applicant Personal Essay (One page in length).
4. Two letters of recommendation (One from a professor and one from any of the following: coach, administrator, counselor, academic advisor or employer.)
***Each letter must be accompanied by an Evaluator Questionnaire and sealed in an envelope with the evaluator's signature. To avoid any delay towards completing your application, your letters of recommendation must be returned to you and included in your application packet.**

***Mail completed application to:**

Tim Garl, ATC
Indiana University
1001 East 17th Street
Bloomington, IN 47408

Deadline: April 15

*Applicants are required to send applications in a manor that provides confirmation of delivery. CATS is not responsible for lost or incomplete applications.

Submitted application must be completed in its entirety. Incomplete applications will not be considered. Applications will be reviewed by CATS Scholarship Committee. Award recipients will be notified by committee representative. Award announcements will be made in June. Scholarship applicants, parents, friends or relatives are not allowed to contact members of the scholarship committee.

Preference will be given to those in good academic standing with both strong essays and letters of recommendations. Awards will be applied towards the recipients' college education. Each award will go directly to the recipients' institution for tuition or room and board.

Academic Awards

Honors Awarded by your School or Institution: _____

Any Current/Previous Scholarships and Year Received: _____

Activity Participation

Organizations/Activities/Positions Held: _____

School or Class Offices: _____

Awards/Recognitions: _____

Other (Civic, Religious, etc.): _____

Work Experience

Student Essay

Under separate cover include your reasons for wanting this scholarship; describe future plans, ambitions and activities in your chosen field; your outstanding qualities, characteristics and educational goals. Please limit your response to the length of a page.

AS A SCHOLARSHIP RECIPIENT I AGREE TO FULFILL THE FOLLOWING CRITERIA AS A RESPONSIBILITY FOR ACCEPTANCE:

1. Write a letter thanking my Scholarship Donor with a copy provided to the Committee.
2. Supply the information listed below for my university / college or any additional information as requested by the Committee for purposes of payment. This is to include the Contact Information for the correct:
 - Department (Bursar or Admissions) to receive check
 - Name of Contact in that Department
 - Address of Contact and School
 - Phone Number of Contact
 - Deadline (if applicable) for funds to reach school for Fall Semester
3. Scholarship recipient must provide written acceptance from the Registrar of the college or university verifying applicant's enrollment and full-time status. Letter must have imprint of institution's official seal and be signed by the registrar.
4. Submit a photograph to the committee and grant permission allowing CATS to use this photograph in its endeavors.
5. I understand that by accepting the Scholarship that I am giving permission to the Committee and CATS to use my name and photograph in any and all advertisements that notify the public of said award winners.

I certify that the information contained in this application is correct and accurate to the best of my knowledge.

Signature of Applicant

Date

Signature of Sponsoring CATS Member

Date

Official Use Only:

Date received:

Application complete:

Application

Letters of Recommendation/ Evaluation Questionnaire: 2 1

Essay

Notarized transcript

Parent is current CATS member

Reviewed by:

Notes:

CATS Family Scholarship: Evaluator Questionnaire

TO BE COMPLETED BY THE APPLICANT:

Name: _____
(First) (Middle) (Last)

Name of Evaluator: _____

To the Evaluator: The above applicant has applied for one of seven (7) College Athletic Trainers' Society Family Scholarships. Please complete this form and provide an accompanying letter of recommendation. Forms and letters should be sealed in an envelope with your signature across the seal. Please return your recommendation to the applicant who will be required to mail your recommendation with his or her scholarship application directly to the CATS Scholarship Committee.

To the Applicant: One letter from a teacher/professor and one letter from any of the following: professor, coach, counselor, administrator, academic advisor or employer.

Waiver of Access to Confidential Recommendation:

To the Applicant: Check one of the following statements and sign where indicated before presenting to evaluator.

() I hereby voluntarily waive any and all rights I may have to this Evaluation.

() I decline to waive my right of access to this evaluation.

(Signature of Applicant)

(Date)

TO BE COMPLETED BY THE EVALUATOR:

1. How long have you known the applicant _____

2. To what capacity have you known the applicant _____

3. How would rate the applicant in the following areas:

(very strong)

(strong)

(average)

(below average)

Intellectual Ability _____

Academic Preparation _____

Motivation _____

Maturity _____

Dependability _____

Leadership _____

Involvement (School Activities) _____

Involvement (Community) _____

Additional Comments: (Please include in your letter of recommendation.)

Name: _____ Position: _____

Phone: _____ Email: _____

Address: _____

I hereby declare that the information provided on this applicant to the best of my knowledge is accurate and is being submitted in good faith. I understand inaccurate or falsifying information may affect the validity of this applicant.

Signature: _____ Date: _____