



## **2025-2026 MATS Athletic Training Student Scholarship Application**

### **I. Eligibility Requirements**

1. Applicant must be currently enrolled (fully admitted) as a full-time student in an accredited Michigan College/University professional athletic training program with the intention of becoming a BOC Certified Athletic Trainer.
2. Applicant must be a current member of the Michigan Athletic Trainers Society (will be verified and needs to be renewed every January).
3. Applicant must have at least one year remaining in the professional athletic training program.
4. Applicant must have grade point average (GPA) of 3.2 (based on a 4.0 scale) for ALL professional education courses to date.

### **II. Application Instructions**

1. All sections of the application packet must be fully completed as directed.
2. All information in the application packet must be typed.
3. Incomplete application packets will not be processed.
4. A fully completed application packet must be e-mailed to Eliza MacDonald, MPA, AT, ATC no later than 5:00 pm March 31, 2025 at [mats.cecat@gmail.com](mailto:mats.cecat@gmail.com). Please e-mail as one document.

### **III. Evaluation and Award Process**

1. MATS Athletic Training Student scholarship may vary from \$500 to \$1,000. Up to two scholarships may be awarded for the 2025-2026 academic year.
2. Need shall not be a factor in granting MATS Athletic Training Student scholarships. Assistance from other sources will not make the applicant ineligible for a scholarship.
3. Applicants will be evaluated primarily on their involvement in the athletic training profession, but consideration will also be given to the applicant's participation in campus activities other than academic and athletic training, in which he/she has demonstrated qualities of leadership and has been a positive example to fellow students.
4. The selected applicant(s) must provide proof of enrollment in a professional athletic training program for the 2025-2026 academic years before a check will be issued and is expected to remain enrolled as a full-time student.

Any questions, please contact Eliza MacDonald, MATS Committee for Early Career Athletic Trainers Committee Chair, at 616.331.8877 or [mats.cecat@gmail.com](mailto:mats.cecat@gmail.com)



Memberships in professional organizations. Include the name of organization, date initiated, date ended, and member #. (ie: MATS, NATA, ACSM, etc.):

State, regional, or national athletic training leadership positions (ie: MATS CECAT, GLATA Student Senate). Include the name of organization, position held, date initiated, date ended, and brief description of duties:

Other current leadership positions. Include the name of organization, position held, date initiated, date ended, and brief description of duties:

Research presented or published. Include contributors, title, presentation type, date, and presentation location:

Volunteer involvement. Include name of organization/industry, brief description/title of volunteer experience, date, and number of hours (does not need to be related to athletic training):

Seminars/conferences that you have attended. Include name of seminar/conference, name of organization if not included in title of conference, and date (ie: MATS Annual Symposium):

List any national, regional, or state athletic training awards (not including Dean's List). Include name of award, name of organization if not included in title of award, and date:

I (do \_\_\_\_\_ ) (do not \_\_\_\_\_ ) plan to pursue the athletic training profession as my primary means of livelihood.

**Section III: Institutional Endorsement**

To be completed by the Athletic Training Education Program Director. Please type.

Applicant's Name: \_\_\_\_\_  
Last First Middle

Name of Institution: \_\_\_\_\_

Applicant's Degree Program: \_\_\_\_\_

Major: \_\_\_\_\_ Minor (if applicable): \_\_\_\_\_

Academic Credit Hours Completed: \_\_\_\_\_

Expected Completion Date for Degree: \_\_\_\_\_

Cumulative overall GPA for ALL MAT course work to date: \_\_\_\_\_  
(If student was just fully admitted to your program and does not have a GPA for the professional program, include the applicant's undergraduate GPA for ALL completed coursework.)

Program Director Name: \_\_\_\_\_

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

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

BOC #: \_\_\_\_\_

I certify that the above applicant is enrolled at our institution and that the above information is accurate.

Program Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **Section IV: Applicant Essays**

Please answer the following questions. Each answer is limited to 250 words.

1. Describe your personal/professional philosophy.
2. What does it mean to you to be a leader in athletic training?
3. Identify a current issue in athletic training, and as a practicing athletic trainer, how you would address it if given the opportunity.
4. What are your future plans and goals and how will you continue to promote the athletic training profession?

**Section V: Applicant Signature**

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

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_