

DeLee-Evans Foundation for Sports Medicine and Orthopaedics

In affiliation with



Scholarship Application

THE APPLICATION:

1. There are five sections of this form to be completed:
 - (a) The **application** to be completed and signed by the **applicant** and **sponsoring athletic trainer**.
 - (b) An **evaluation form** to be completed and signed by the **Certified Athletic Trainer Supervisor** and placed in a sealed envelope with his or her letter of recommendation.
 - (c) An **endorsement** to be completed and signed by a **faculty member** of the high school and placed in the sealed envelope with the faculty member's letter of recommendation.
 - (d) An **endorsement** to be completed and signed by the **team physician**.
 - (e) A **financial questionnaire** to be completed and signed by the **applicant**.
2. Additional Information Required:
 - (a) Transcript
 - (b) SAT/ACT Score
 - (c) Acceptance letter from student's college athletic training program
 - (d) Student photo (optional)

APPLICATION INSTRUCTIONS:

1. All pages of the application must be typed.
2. Completed applications must be received no later than 5:00 p.m. on the last Friday of February. Applications are to be sent to the Nix Health Care Foundation, 414 Navarro, Suite 1015, San Antonio, Texas 78205.
Incomplete applications will not be considered.
3. All sections must be completed as follows:
 - (a) *Section I – Application:* All questions must be completed and the form signed. A copy of the applicant's high school transcript and SAT/ACT scores should be attached.
 - (b) *Section II – Evaluation from Certified Athletic Training Supervisor:* The Athletic Trainer must be a certified member of the Southwest Athletic Trainers Association. Evaluation and letter of recommendation must be submitted in a sealed envelope with the trainer's initials appearing across the seal. Each Certified Athletic Trainer may submit only one recommendation per year.

- (c) *Section III – Recommendation by High School Staff Member:* This individual may not be affiliated with the athletic department. Endorsement and letter of recommendation must be submitted in a sealed envelope with the staff member's initials appearing across the seal. Additional letters of recommendation will strengthen the application.
- (d) *Section IV – Recommendation by Team Physician:* This recommendation should come from the physician under whom the student has worked as a student athletic trainer. The recommendation must be submitted in a sealed envelope with the physician's initials appearing across the seal.
- (e) *Section V – Financial Questionnaire:* The DeLee-Evans Foundation Scholarship Committee will review this information. This information is mandatory and considered an integral part of the application.

SELECTION CRITERIA:

1. Applicant must be a high school student from the Bexar County/San Antonio area.
2. All complete applications received no later than 5:00 p.m. the last Friday of February will be considered.
3. The Scholarship Committee of the DeLee-Evans Foundation will determine which candidate they feel is most qualified from the information submitted. The Board may, at its discretion, require applicants to have a personal interview with the Scholarship Committee. The Committee's recommendations will be submitted to the DeLee-Evans Foundation Board of Directors for final approval.
4. Those applicants being considered for the scholarship will be notified of the board's decision no later than April 30th.
5. Selection is based on the merit and financial need of the applicant as presented through his or her application and during the interview.

QUESTIONS:

Questions regarding this application may be directed to:
Betty Welack, Executive Director, Nix Health Care Foundation
(210) 579-3158

NIX Health Care Foundation

DELEE-EVANS FOUNDATION FOR SPORTS MEDICINE AND ORTHOPAEDICS

SCHOLARSHIP APPLICATION

SECTION I

Name _____
Last First Middle

Social Security Number: _____

Date of Birth _____ Birthplace _____

Home Address _____
Street or P.O. Box City State Zip

Home Phone (_____) _____ Mobile (_____) _____

High School _____ School Phone (_____) _____

School Address _____
Street or P.O. City State Zip

Overall Grade Point Average _____

Senior Class Standing / Total number in Senior Class _____

Are you currently serving as a Student Trainer? Yes _____ No _____

Name of Supervisory Athletic Trainer _____

Phone Number for Supervisory Athletic Trainer _____

How many years experience have you had as a Student Athletic Trainer? _____

Are you planning to make Athletic Training your primary field of professional endeavor after graduation? Yes _____ No _____

If not, in which occupation do you plan to engage? _____

Please describe the undergraduate program in which you plan to enroll, your reasons for selecting this program, and information on your post-graduate plans:

Please list all academic and extra-curricular memberships in organizations and activities, including positions held:

Please list all community service activities:

Please list any awards or special recognition received:

Please attach a brief essay explaining your reason for selecting athletic training as a profession and for wanting the DeLee-Evans Foundation Athletic Trainers Scholarship.

Signature _____
Applicant Date

Signature _____
Certified Athletic Trainer Date

NIX Health Care Foundation

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SCHOLARSHIP APPLICATION

SECTION II

CERTIFIED ATHLETIC TRAINING SUPERVISOR'S EVALUATION

A. Student's Name

Last First Middle

B. Rating:

Characteristic	Outstanding Top 5-10%	Excellent Top 25%	Good Top 25%	Needs Improvement	Unable to Judge
Initiative					
Persistence					
Independence					
Acceptance of responsibility					
Reliability					
Judgement, Common Sense					
Ability to work with / relate with others					
Ability to think creatively					
Leadership					
Ability to communicate: Verbal					
Ability to communicate: Written					
Earnestness regarding a career in athletic training					
Potential for success in a career in athletic training					

C. Please elaborate or give an example regarding the applicant's abilities in the listed areas. Please note both strengths and weaknesses.

D. Please comment on the degree of experience the applicant has attained in athletic training.

E. Please describe the applicant's personal and professional qualifications:

1. Applicant's adjustment to athletic training responsibilities

2. Applicant's acceptance of constructive criticism

3. Applicant's relationship with athletes, coaches, team physician, and fellow student trainers

F. Please describe the applicant's relationship with injured athletes.

Please attach a letter of recommendation.

Signature _____ **Certified Athletic Trainer** **Date** _____

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SCHOLARSHIP APPLICATION

SECTION III

HIGH SCHOOL FACULTY MEMBER'S RECOMMENDATION

A. Student's Name _____
Last First Middle

B. Faculty Member's Name _____
Last First Middle

Title / Position _____ High School _____

High School Address _____
Street or P.O. Box City State Zip

C. Information based upon:
Personal acquaintance _____ Records & Reports _____
Counseling Contacts _____ Casual Contacts _____

Please comment on the applicant's qualifications to pursue an advanced study in the field of athletic training:

Has the applicant had any academic or disciplinary problems which might impede his or her pursuit of athletic training? Yes _____ No _____

If "Yes," please explain:

Please attach a letter of recommendation.

Signature _____
Faculty Member Date

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SCHOLARSHIP APPLICATION

SECTION IV

TEAM PHYSICIAN'S RECOMMENDATION

A. Student's Name _____
Last First Middle

B. Physician's Name _____
Last First Middle

Title / Position _____ Company _____

Work Address _____
Street or P.O. Box City State Zip

C. Information based upon:
Personal acquaintance _____ Records & Reports _____
Counseling Contacts _____ Casual Contacts _____

Please comment on the applicant's qualifications to pursue an advanced study in the field of athletic training:

Please comment on the applicant's ability to properly assess injuries and his or her ability to relate to athletes:

Signature _____
Team Physician Date

NIX Health Care Foundation

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SCHOLARSHIP APPLICATION

SECTION V

FINANCIAL QUESTIONNAIRE

A. Information about the student

1. What is your marital status? _____
How many people are in your household (student, spouse, children)? _____

2. How much did you and your spouse earn from working in 2009? _____
What is the total current balance of cash, savings, & checking accounts? _____
What is the total money received, or paid on your behalf (e.g. bills),
not reported elsewhere on this form? _____
What is the total other scholarships awarded? _____
What is the total other grants awarded? _____

B. Information about the parents

- ◆ **Answer the questions as of 12/31/2009.**
- ◆ Grandparents, foster parents and legal guardians are not considered parents on this form unless they have legally adopted you.
- ◆ If both of your parents are living and married to each other, answer the questions about them.
- ◆ If your parent is widowed or single, answer the questions about that parent. If your widowed parent is remarried, answer the questions about that parent and the person to whom your parent is married (your stepparent).
- ◆ If your parents are divorced or separated, answer the questions about the parent you lived with more during the past 12 months. If you did not live with one parent more than the other, give answers about the parent who provided more financial support during the past 12 months. If this parent is remarried, answer the questions about that parent and the person to whom your parent is married (your stepparent).

1. What is your parent's marital status? _____
(Married, Single, Divorced/Separated, Widowed)
How many people are in your parents' household? _____
How many people in the question above will be college students in 2010-2011? _____
What is your father's (or stepfather's) occupation? _____
What is your mother's (or stepmother's) occupation? _____

How much did your father (or stepfather) earn from working in 2009? _____

How much did your mother (or stepmother) earn from working in 2009? _____

What is the total current balance of cash, savings, and checking accounts? _____

What is the net worth of your parents' investments, including real estate
(not their home)? Net worth means current value minus debt. _____

What is the net worth of your parents' current business and/or investment farms?
Do not include the value of a family farm that you (your spouse and/or your parents)
live on and operate. Do not include the value of a small business that you (your spouse
and/or your parents own and control and that has 100 or fewer full-time or full-time
equivalent employees.) _____

What is the total child support **received** for all children? _____

What is the total child support **paid** because of divorce or separation or as a result
of a legal requirement? _____

C. Estimated Cost of Education

(This information is available from the university/college you plan to attend.)

Tuition and fees _____

Books and supplies _____

Typical room and board _____

TOTAL _____

I hereby certify that the above information is true and accurate to the best of my knowledge.

Signature _____

Applicant **Date**