

**North Carolina Athletic Trainers Association
Student Assistant in Athletic Training Application
for the Bob Jamieson Award and Al Proctor Award
(PLEASE PRINT OR TYPE)**

FULL NAME OF APPLICANT

DATE OF BIRTH

ADDRESS (STREET, CITY, STATE, ZIP)

HOMETELEPHONE

SCHOOL TELEPHONE

NAME OF PARENTS

HIGH SCHOOL ATTEND/GRADUATED

GRADUATION DATE

COLLEGE/SCHOOL PREFERENCES:

1. _____

2. _____

3. _____

NCATA Sports Medicine Symposium for Students Attendance: (give the years of attendance.)

1. _____

4. _____

2. _____

5. _____

3. _____

6. _____

Other Athletic Training Workshops/Seminar Attended: (Include location and year of attendance.)

Athletic Training Experience:

Other School and Community Activities:

Awards and Honors:

Additional Information:

Please comment on your future plans:

Recommendations:

List the names of three (3) adults submitting recommendations for you. Give the occupation and work location for the last (#3) adult.

Sponsoring Athletic Trainer _____

High School Athletic Director _____

Other _____
Name Occupation

Location

It is your responsibility to obtain all requested materials and send them in together. Do not send the material separately. Letters of recommendation should be in individually sealed envelopes with the signature across the seal.

Applicants Signature

Date

This application, a copy of your high school transcripts, and three sealed letters of recommendations should be received in one mailing no later than APRIL 15th in order to be considered.

Please return all materials to the current NCATA Secretary.