



VALLEY ATHLETIC TRAINERS ASSOCIATION

P.O. Box 720598
McAllen, Texas 78504

Summer Camp Grant Application

Eligibility Requirements

To be considered for this grant, applicants:

- Must be a VATA Student Member
- x Must have a High School GPA of a 3.0 and above.
- x Must be a High School Junior or Senior that is currently serving at minimum their second year in a Sports Medicine Program.

Application Requirements and Procedures

- x 3 letters of recommendation:
 - o (1) from a Licensed Athletic Trainer at their campus
 - Letter should explain athletic training/VATA participation, character, education/financial barriers.
- x Must write a SDJH essay expressing their interest in athletic training, how this profession has impacted their life, their college and career goals, and how this sports medicine camp would help them achieve those goals.
- x An official high school transcript.

The VATA Student Affairs Committee will forward the selected recipient to the Vice-President who will inform the Board of Directors. Grant recipient will be mailed an award letter and additional information regarding the terms and conditions in accepting their grant. **No checks will be made out to the recipient.** The grant instead will be used to secure a slot in the camp for the student.



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Section 1: Personal Profile

Name: _____

Permanent Address: _____

Contact Phone #: (_____) _____ Email: _____

Birth Date: _____

Section 2: High School Profile

Official School Name: _____

Address: _____

Athletic Training Program Contact Phone #: (_____) _____

Official High School GPA: _____

Sports Coverage Experience: _____

Section 3: Athletic Trainer Supervisor Statement

The above applicant has been an athletic training student under the supervision of a licensed/certified athletic trainer, and has successfully completed, at their respective school, the number of years and sports stated in this application. In addition, all licensed athletic training staff and professional members of the Valley Athletic Trainers Association are in good standing.

Licensed Athletic Trainer

Date



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Section 4: Release of Information Authorization and Signature

I certify that I meet the eligibility requirements outlined in this application and that the information I have provided is, to the best of my knowledge, true, complete, and accurate. I understand that inaccurate or incomplete information may result in disqualification.

Student Signature

Date

Parent/Guardian Signature

Date

Section 5: Application Checklist

Read this application carefully and complete all sections. Incomplete applications will not be considered.

- Complete and signed application
- Recommendation letter – Licensed Athletic Trainer
- Official High School Transcript
- Personal Essay
- Student member in good standing of VATA: _____ (Student Initials)
- AT Supervisor(s) in good standing of VATA: _____ (AT Initials)

Complete application must be submitted via email, or mailed and postmarked no later than December 1 to:

student.affairs@vatargv.org

Or,

**Valley Athletic Trainers Association
Attn: Student Affairs Committee
PO Box 720598
McAllen, TX 78504**

For VATA Student Affairs Use

Postmark Date: _____

Date Received: _____

Received by: _____