

D1 – Dr. Kathleen Laquale Professional Development Scholarship Application Rhode Island Athletic Trainer's Association

Eligibility Requirements:

- Any member – either student or professional of the Rhode Island Athletic Trainer's Association in good standing.
- Must be a Rhode Island resident
- Must be present when accepting the scholarship –Presentation TBA

Amount of Scholarship:

- The recipient receives \$1000.00 which is to be used for educational purposes during the remainder of the year.

Prerequisites:

- Current NATA student or professional member
- Exhibits good citizenship
- Shows sincere interest in athletic training and exemplifies a positive attitude in all endeavors
- Scholarship used to enroll in an accredited course in the field of sports medicine or a related field of study.

Application Procedure:

- Application form completed
- Cover letter and résumé
- Reference from a current RIATA member
- Reference of choice (not a RIATA member.) Letters of recommendation should be based on the extent and quality of service provided in the field of athletic training.
- Deadlines for all materials are April 15 of each year and should be turned into the Honors & Awards Chair of the RIATA or State President.
- Submit completed application to :

Paul Roberti, President
61 Cushman Avenue
East Providence, RI 02914

Division 1 Dr. Kathleen Laquale Scholarship
Rhode Island Athletic Trainers' Association
Professional Development Application

Name: _____
Last First MI

Home Address: _____
Street City State Zip

Home Phone: _____

Date of Birth: _____ Place of Birth: _____
City State

US Citizen: Yes _____ No _____

College or University: _____

School Address: _____
Street City State Zip

School Phone Number

Current Class Standing: Junior _____ Senior _____ Grad Student _____

Major: _____

Are you enrolled in a CAATE approved educational program? Yes _____ No _____

Overall Grade Point Average: _____

Faculty Advisor's Name: _____

Years of Athletic Training Experience: _____

Are you a member of the NATA? Yes _____ No _____ If yes, member #: _____

Applicant's Signature

Date