



Memorial Hermann Athletic Trainer Scholarship 2015

NOTHING CONTAINED IN THESE GUIDELINES SHALL BE CONSTRUED AS CREATING ANY CONTRACTUAL RIGHT OR PROPERTY RIGHT TO ANY PERSON INCLUDING, WITHOUT LIMITATION, THE STUDENTS SUBMITTING APPLICATIONS FOR A SCHOLARSHIP AND THOSE SELECTED TO RECEIVE A SCHOLARSHIP. ADDITIONALLY, NOTHING CONTAINED IN THESE GUIDELINES OR ANYTHING CONTAINED IN ANY STATEMENTS MADE OR ACTIONS TAKEN ON THE PART OF ANY PERSON SHALL CREATE ANY OBLIGATION ON THE PART OF THE PASADENA ISD ATHLETICS HALL OF FAME, THE PASADENA ISD EDUCATION FOUNDATION, OR THE PASADENA INDEPENDENT SCHOOL DISTRICT. BY SUBMITTING AN APPLICATION, THE APPLICANT ACKNOWLEDGES AND AGREES THAT THE COMMITTEE WILL BASE ITS DECISIONS ON INFORMATION RECEIVED AND SOME SUBJECTIVITY WILL BE INVOLVED IN SELECTING RECIPIENTS. THE APPLICANT AND RECIPIENTS ALSO RELEASE ALL COMMITTEE MEMBERS, THE COMMITTEE, THE PASADENA ISD EDUCATION FOUNDATION, AND THE PASADENA INDEPENDENT SCHOOL DISTRICT FROM ANY AND ALL LIABILITY IN CONNECTION WITH THE SCHOLARSHIP.



**Memorial Hermann Athletic Trainer Scholarship
2015**

ELIGIBILITY GUIDELINES

PURPOSE:

Pasadena ISD in partnership with Memorial Hermann shall award two (2) \$1,000 scholarships in the spring 2015 to graduating senior students of Pasadena ISD who have excelled as a high school athletic trainer and plan to pursue a degree in the health care field at a post-secondary institution next school year.

AMOUNT OF SCHOLARSHIP

A total of two (2) scholarships shall be awarded, each representing a one-time, non-renewal cash award of \$1,000.

ELIGIBILITY:

The scholarship recipient must be a 2015 graduate of a Pasadena ISD high school.

The scholarship recipient must be in good academic and disciplinary standing as indicated by the *Pasadena Independent School District PK – High School Student Handbook and Code of Conduct 2014-2015*-Leadership Positions.

The scholarship recipient must have been a high school student athletic trainer at a Pasadena ISD school and must be a student of exceptionally high character who has made a substantial and profoundly beneficial impact on athletics programs at the student's high school.

Preferred scholarship candidates will be those who have actively pursued admission to a tuition-based college or tuition-based career training program with plans to enter a career in the health care industry. However, it is not required that a candidate be pursuing plans to participate in collegiate athletic training. For the purposes of awarding this scholarship, no penalty of any kind will be applied to a candidate who does not plan to participate in collegiate athletic training.

ELIGIBILITY CRITERIA:

Potential scholarship recipients will be assessed according to the following criteria, with each carrying roughly equal weight:

Athletic Training Participation:

The applicant must be a 2015 graduating student who has mastered, or has attempted to master, the skills and principles of the athletic training programs in which the student has participated. No assessment will be made strictly on the basis of varsity letters won, years served or honors received.

Student trainer must have been in the 2014-2015 program and in good standing.

Campus and Community:

The degree to which the student has demonstrated and represented -- on campus and within the community -- the core principles of hard work, persistence and sportsmanship that define the primary mission of Pasadena ISD Athletics.

Academics:

Students must have a minimum cumulative high school grade point average at the end of the 1st semester of the 2014-2015 school year of 2.5 (2.5 on a 4.0 unweighted scale). GPA must be calculated and entered on the student application **by his/her counselor . (Student applicants may not complete this section).**

Post-High School Plans:

The student must indicate post-graduation plans to attend a college, university or career training program with plans to pursue a degree in the health care industry.

PAYMENT OF SCHOLARSHIP

A total of two (2) scholarships shall be awarded, each representing a one-time, non-renewal cash award of \$1,000.

Scholarship funds shall be proffered in the recipient's name to an appropriate enrollment office at a college or career training program of the recipient's choosing, available to the recipient for the sole purpose of tuition/fee assistance only when the recipient enrolls in that college or training program. Funds will not be given directly to the recipient.

SELECTION COMMITTEE:

The Pasadena ISD Athletics Department along with Memorial Hermann shall appoint a committee to screen applicants and name recipients.

The Pasadena ISD Athletic Department and Memorial Hermann reserve the right to revoke a scholarship award should the recipient fail to graduate by the end of the 2014-2015 school year, fail to maintain good academic or disciplinary standing through the end of the 2014-2015

school year or fail to attend a college, university or career based training program in the Fall of 2015. In the event of a scholarship revocation, the committee reserves the right to withhold a scholarship award for that school year.

DEADLINE

- Two (2) sealed letters of recommendation – 1 from a PISD employee, 1 from community
- Nomination form from your High School Athletic Trainer
- Transcript
- Completed application

Applications and all documents are to be mailed or delivered to:

**Pasadena ISD Athletic Ticket Office
Attention: Randall Dugas
Athletic Trainer Scholarship
2906 Dabney
Pasadena, TX 77502**

By March 13, 2015

No late or incomplete applications will be accepted.

NOTES AND EXCLUSIONS

Applications may be typed or neatly handwritten. Recipients will be notified by mail and phone.

If any part of the scholarship application is incomplete, the application will not be considered. Children of members of the Pasadena ISD Athletics and Memorial Hermann are excluded from applying.

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SECTION I. APPLICANT INFORMATION

Athlete's Name: _____ Student ID: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Athlete's Email: _____

Parent/Guardian Name(s): _____

Parent/Guardian Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

SECTION II. SCHOOL INFORMATION

School Name: _____

School Address: _____

City: _____ State: _____ Zip Code: _____

School Phone: _____ School Fax: _____

Principal Name: _____

High School Counselor: _____

Campus Athletic Coordinator: _____

High School Athletic Trainer: _____

SECTION III. ATHLETIC TRAINER PARTICIPATION

Describe your athletic participation and achievements for each year of high school.

FRESHMAN YEAR			
SPORTS COVERED	LEVEL	AWARDS/HONORS (PLEASE LIST)	OTHER AWARDS
	<input type="checkbox"/> VARSITY <input type="checkbox"/> JUNIOR VARSITY <input type="checkbox"/> SOPHOMORE <input type="checkbox"/> FRESHMAN A/B		
	<input type="checkbox"/> VARSITY <input type="checkbox"/> JUNIOR VARSITY <input type="checkbox"/> SOPHOMORE <input type="checkbox"/> FRESHMAN A/B		
	<input type="checkbox"/> VARSITY <input type="checkbox"/> JUNIOR VARSITY <input type="checkbox"/> SOPHOMORE <input type="checkbox"/> FRESHMAN A/B		
	<input type="checkbox"/> VARSITY <input type="checkbox"/> JUNIOR VARSITY <input type="checkbox"/> SOPHOMORE <input type="checkbox"/> FRESHMAN A/B		
SOPHOMORE YEAR			
SPORTS COVERED	LEVEL	AWARDS/HONORS (PLEASE LIST)	OTHER AWARDS
	<input type="checkbox"/> VARSITY <input type="checkbox"/> JUNIOR VARSITY <input type="checkbox"/> SOPHOMORE <input type="checkbox"/> FRESHMAN A/B		
	<input type="checkbox"/> VARSITY <input type="checkbox"/> JUNIOR VARSITY <input type="checkbox"/> SOPHOMORE <input type="checkbox"/> FRESHMAN A/B		
	<input type="checkbox"/> VARSITY <input type="checkbox"/> JUNIOR VARSITY <input type="checkbox"/> SOPHOMORE <input type="checkbox"/> FRESHMAN A/B		
	<input type="checkbox"/> VARSITY <input type="checkbox"/> JUNIOR VARSITY <input type="checkbox"/> SOPHOMORE <input type="checkbox"/> FRESHMAN A/B		

JUNIOR YEAR			
SPORTS COVERED	LEVEL	AWARDS/HONORS (PLEASE LIST)	OTHER AWARDS
	<input type="checkbox"/> VARSITY <input type="checkbox"/> JUNIOR VARSITY <input type="checkbox"/> SOPHOMORE <input type="checkbox"/> FRESHMAN A/B		
	<input type="checkbox"/> VARSITY <input type="checkbox"/> JUNIOR VARSITY <input type="checkbox"/> SOPHOMORE <input type="checkbox"/> FRESHMAN A/B		
	<input type="checkbox"/> VARSITY <input type="checkbox"/> JUNIOR VARSITY <input type="checkbox"/> SOPHOMORE <input type="checkbox"/> FRESHMAN A/B		
	<input type="checkbox"/> VARSITY <input type="checkbox"/> JUNIOR VARSITY <input type="checkbox"/> SOPHOMORE <input type="checkbox"/> FRESHMAN A/B		
SENIOR YEAR			
SPORTS COVERED	LEVEL	AWARDS/HONORS (PLEASE LIST)	OTHER AWARDS
	<input type="checkbox"/> VARSITY <input type="checkbox"/> JUNIOR VARSITY <input type="checkbox"/> SOPHOMORE <input type="checkbox"/> FRESHMAN A/B		
	<input type="checkbox"/> VARSITY <input type="checkbox"/> JUNIOR VARSITY <input type="checkbox"/> SOPHOMORE <input type="checkbox"/> FRESHMAN A/B		
	<input type="checkbox"/> VARSITY <input type="checkbox"/> JUNIOR VARSITY <input type="checkbox"/> SOPHOMORE <input type="checkbox"/> FRESHMAN A/B		
	<input type="checkbox"/> VARSITY <input type="checkbox"/> JUNIOR VARSITY <input type="checkbox"/> SOPHOMORE <input type="checkbox"/> FRESHMAN A/B		

SECTION IV. ACADEMIC PERFORMANCE

Indicate Grade Point Average (GPA): _____ (on a 4.0 non-weighted scale)

Rank in Class:

Current Homeroom Section:

Total number in Class:

Anticipated Graduation Date:

Counselor Signature:

SECTION VI. POST HIGH SCHOOL PLANS

Indicate the college, university and career training program you are planning to attend. If applications are still pending, indicate to which you have applied.

College/University/Career Training Program	City, State	Accepted? (YES/NO)

Intended Major/Minor or Area of Study/Certification:

SECTION VII. PERSONAL ESSAY

Describe what this scholarship will enable you to do and why the scholarship is important. (500 words or less).

SECTION VIII. RECOMMENDATIONS

Please submit with your application, two (2) typed and signed recommendations, one (1) page or less from the following individuals:

- Nomination letter from your high school athletic trainer
- Two letters from any of the following:
teacher/counselor/administrator/coach/principal/pastor

Recommendations sent without the application will not be accepted.

Recommendations must be on school letterhead and sealed in an envelope with the author's signature across the seal of the envelope. Originals only, no copies will be accepted.

SECTION IX. STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge.

As a scholarship applicant, I hereby release information contained on this application as well as my academic transcripts to scholarship committee personnel. In addition, I waive my right to access and review confidential recommendations acquired for purposes of determining and granting this scholarship. I understand that scholarships may be denied if any information reported on this application is found to be intentionally misleading or inaccurate.

Signature of scholarship applicant: _____ Date: _____
