

MISSISSIPPI ATHLETIC TRAINERS' ASSOCIATION

**MATA Scholarship Committee**  
**Kim McMichael Memorial Graduate Scholarship**

Dear MATA Members and Students,

This application is for the MATA graduate scholarship in memory of Kim McMichael. Candidates for this scholarship must be sponsored by a licensed athletic trainer, enrolled in a CAATE accredited professional athletic training program in the state of MS, a member of the NATA, and have an NPI number.

This scholarship is a one time, non-renewable, \$1000 award. The candidate must be a graduate student who has demonstrated excellence in their academic work and clinical experiences. The sponsoring licensed athletic trainer must write a letter of recommendation addressing the student's academic and clinical performance.

Enclosed please find the scholarship information, criteria, and application. Applicants must meet ALL criteria and submit a complete application for consideration. The application deadline for this scholarship is **March 31<sup>st</sup>** annually.

The winner of the scholarship will receive written notification and a phone call communicating that they won the scholarship. The award winner is encouraged but not required to attend the annual MATA Symposium where they will be recognized as the "Kim McMichael Memorial Graduate Scholarship" winner.

Please contact me if you have any questions or need further information regarding the scholarship. Best of Luck!

Sincerely,

Susan P. Wehring EdD, ATC, LAT, CES  
MATA Scholarship Committee, Chair  
spwehrin@olemiss.edu

MISSISSIPPI ATHLETIC TRAINERS' ASSOCIATION  
**MATA Scholarship Committee**  
**Kim McMichael Memorial Graduate Scholarship**  
**Application**

**Scholarship Information:**

- One (1) \$1000 scholarship
- Awarded to one (1) individual a maximum of one (1) time
- Completed application is due March 31<sup>st</sup>
- Scholarship candidate must be sponsored/recommended by a licensed athletic trainer, who is in good standing with their state licensing agency and a member of the NATA
- Awarded prior to the fall academic year and recognized at the annual MATA Symposium
- Applicant must meet all application criteria
- Scholarship applications are reviewed and voted on by the MATA Scholarship Committee

**Scholarship Applicant Criteria:**

The applicant must be

- Enrolled in a CAATE accredited professional athletic training program in the state of Mississippi.
- Enrolled as a full- time graduate student (at the time of application and when the scholarship is awarded) with a minimum Grade Point Average of a 3.0/4.0 scale.
- A student member of the NATA, regional, and state organization in good standing
- Registered with the National Plan & Provider Enumeration System (NPPES), have an NPI number.
- Applicant must apply the scholarship award toward achievement of their academic degree.

**Required application documents- Due March 31st**

1. Application Form: Completed MATA Scholarship Application Form signed and notarized by the student applicant.
2. Essay: Typed, double-spaced, 250–300-word essay stating, “Why I wish to become an Athletic Trainer”.
3. Professional Resume
4. Recommendation Letter: From the sponsoring licensed athletic trainer addressing: the student’s academic and clinical performance in their pursuit of certification and licensure.
5. Official Transcripts: Sent to the MATA Scholarship Committee (unofficial transcripts will not be accepted)
6. NATA Membership Card: A copy of the student’s NATA membership card
7. NPI Number: Verification of NPI number

**Mississippi Athletic Trainers' Association**  
**Kim McMichael Memorial Graduate Scholarship Application**

**Application Deadline:** ALL completed application materials must be postmarked by **March 31** and mailed to:

MATA Scholarship Committee c/o  
Susan P. Wehring EdD, LAT, ATC  
P.O. Box 2253  
Oxford, MS 38655

**FOR OFFICE USE ONLY:**

\_\_\_ Essay \_\_\_ Resume \_\_\_ Letter of Rec \_\_\_ Official Transcript \_\_\_ NATA \_\_\_ NPI

**SCHOLARSHIP APPLICANT INFORMATION:**

**Name:** \_\_\_\_\_  
(Last, First, Middle)

**Address:** \_\_\_\_\_  
(Street, PO Box, City, State, Zip Code)

**Mississippi Residency Address (if attending an out-of-state institution):**  
\_\_\_\_\_  
(Street, PO Box, City, State, Zip Code)

**Name of Sponsoring Athletic Trainer:** \_\_\_\_\_

**Name of Educational Institution:**  
\_\_\_\_\_  
(Name, City, State)

**Academic Standing: (Check one)**

- First Year Graduate Student  
 Second Year Graduate Student

**Current Grade Point Average (GPA):** \_\_\_\_\_

**Full-Time Enrolled Student:** YES  NO

**Student Attestation Statement:**

I, \_\_\_\_\_ do hereby attest that all of the above statements are true and made without the intention of defrauding or obtaining this scholarship under false pretenses. Should any of the above statements be found to be false, I knowingly forfeit any opportunity to receive scholarship funds from the Mississippi Athletic Trainers' Association OR shall return all monies owed to the Mississippi Athletic Trainers' Association.

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Signature of Applicant

Date

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

SEAL

\_\_\_\_\_  
(Notary Public)

My commission expires: \_\_\_\_\_

