

MISSISSIPPI ATHLETIC TRAINERS' ASSOCIATION

**MATA Scholarship Committee**  
**Andy “Doc” Bryan Memorial Undergraduate Scholarship**

Dear MATA Members and Students,

This application is for the MATA undergraduate scholarship in memory of Andy “Doc” Bryan. Candidates for this scholarship must be sponsored by a licensed athletic trainer, demonstrate the desire to pursue the profession of athletic training, and a resident of the state of Mississippi.

This scholarship is a one time, non-renewable, \$1000 award. The candidate must be a high school senior or undergraduate student, enrolled full-time at the time of application and receipt of the award. The sponsoring licensed athletic trainer must write a letter of recommendation for the student supporting their academic and clinical pursuit of the profession, attesting to the student’s completion of the minimum 100 clinical hours.

Students may apply annually, however can only receive the award one time. Students who do not receive the award are encouraged to apply again, during their time as an undergraduate student.

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 “Andy ‘Doc’ Bryan Memorial Undergraduate 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**  
**Andy “Doc” Bryan Memorial Undergraduate 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

- A resident of the state of Mississippi, verified by address
- Planning to pursue the profession of athletic training
- Enrolled as a senior in a high school in the state of Mississippi OR enrolled as an undergraduate student at an institution of higher education (two- or four-year institution)
- Currently working under a licensed athletic trainer as part of a ‘student aide program’ at a high school OR working under the athletic training staff at an institution of higher education and have completed a minimum of 100 clinical hours.
- Enrolled as a full- time 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.
- 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 by the ‘Student’ and signed and notarized by the ‘Sponsoring Licensed Athletic Trainer’
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:
  - a. The student’s standing in their academic pursuit of the profession of athletic training
  - b. The student’s clinical pursuit of the profession of athletic training including the total number of clinical hours a (minimum of 100) the student has completed.
5. Official Transcripts: Sent to the MATA Scholarship Committee (unofficial transcripts will not be accepted)

**Mississippi Athletic Trainers' Association**

**Andy "Doc" Bryan Memorial Undergraduate 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 \_\_\_ Clinical Hours \_\_\_ Official Transcript

**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:** \_\_\_\_\_

**Current Educational Institution (Spring 2024):** \_\_\_\_\_  
(Name, City, State)

**Educational Institution (Fall 2025):** \_\_\_\_\_  
(Name, City, State)

**Academic Standing: (Check one)**

- High School Senior
- Undergraduate first-year student
- Undergraduate Sophomore
- Undergraduate Junior
- Undergraduate Senior

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

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

**Number of Documented Clinical Hours:** \_\_\_\_\_

**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

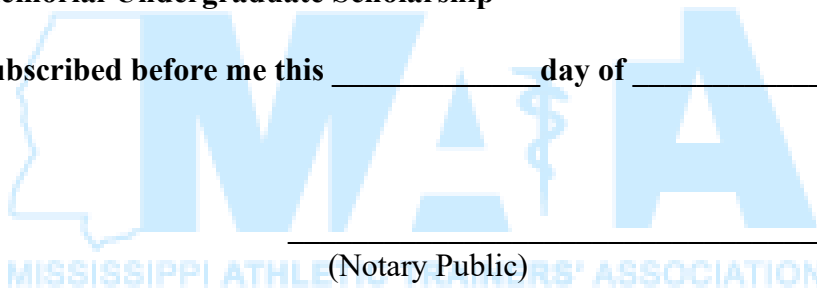
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**Sponsoring Licensed Athletic Trainer Attestation Statement:**

I, \_\_\_\_\_, do hereby attest that I am a licensed athletic trainer in good standing with my state licensing agency, the applicant completed the reported clinical hours under my supervision, and I support the nomination of this student for the Andy "Doc" Bryan Memorial Undergraduate Scholarship

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

SEAL



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(Notary Public)

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