



DELEE-EVANS FOUNDATION FOR SPORTS MEDICINE AND ORTHOPAEDICS

SCHOLARSHIP APPLICATION

SECTION III

HIGH SCHOOL FACULTY MEMBER'S RECOMMENDATION

G. Student's Name _____
Last First Middle

H. Faculty Member's Name _____
Last First Middle

Title / Position _____ High School _____

High School Address _____
Street or P.O. Box City State Zip

I. Information based upon:
Personal acquaintance _____ Records & Reports _____
Counseling Contacts _____ Casual Contacts _____

Please comment on the applicant's qualifications to pursue an advanced study in the field of athletic training:

Has the applicant had any academic or disciplinary problems which might impede his or her pursuit of athletic training? Yes _____ No _____

If "Yes," please explain:

Please attach a letter of recommendation.

Signature _____
Faculty Member Date