



**DELEE-EVANS FOUNDATION FOR SPORTS MEDICINE AND ORTHOPAEDICS**

**SCHOLARSHIP APPLICATION**

**SECTION II**

**CERTIFIED ATHLETIC TRAINING SUPERVISOR'S EVALUATION**

A. Student's Name

\_\_\_\_\_

Last First Middle

B. Rating:

<b>Characteristic</b>	<b>Outstanding Top 5-10%</b>	<b>Excellent Top 25%</b>	<b>Good Top 25%</b>	<b>Needs Improvement</b>	<b>Unable to Judge</b>
Initiative					
Persistence					
Independence					
Acceptance of responsibility					
Reliability					
Judgement, Common Sense					
Ability to work with / relate with others					
Ability to think creatively					
Leadership					
Ability to communicate: Verbal					
Ability to communicate: Written					
Earnestness regarding a career in athletic training					
Potential for success in a career in athletic training					

C. Please elaborate or give an example regarding the applicant's abilities in the listed areas. Please note both strengths and weaknesses.

D. Please comment on the degree of experience the applicant has attained in athletic training.

E. Please describe the applicant's personal and professional qualifications:

1. Applicant's adjustment to athletic training responsibilities

2. Applicant's acceptance of constructive criticism

3. Applicant's relationship with athletes, coaches, team physician, and fellow student trainers

F. Please describe the applicant's relationship with injured athletes.

**Please attach a letter of recommendation.**

**Signature** \_\_\_\_\_ **Certified Athletic Trainer** \_\_\_\_\_ **Date** \_\_\_\_\_