



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

**SECTION IV**

**TEAM PHYSICIAN'S RECOMMENDATION**

J. Student's Name \_\_\_\_\_  
Last First Middle

K. Physician's Name \_\_\_\_\_  
Last First Middle

Title / Position \_\_\_\_\_ Company \_\_\_\_\_

Work Address \_\_\_\_\_  
Street or P.O. Box City State Zip

L. 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:

Please comment on the applicant's ability to properly assess injuries and his or her ability to relate to athletes:

Signature \_\_\_\_\_  
Team Physician Date