

**Arizona Athletic Trainers Association
High School and College/University
Student Athletic Trainer of the Year
Nomination Form**

Candidate Information (please type)

Name: _____ Years Experience: _____

Address: _____ Phone: _____

_____ Choose one:

School: _____ University Nomination _____

Address: _____ High School Nomination _____

_____ Cum. GPA: _____

School Phone: _____ Member of the AzATA _____

(University Only) Since _____

Supervising Certified Athletic Trainer: _____

Items needing to be submitted and completed:

1. This nomination form
2. Supervising Certified Athletic Trainer Nomination/Recommendation Letter
3. Student Transcript with Cum. GPA
4. At least one recommendation letter from a coach, administrator, or physician
5. Student Athletic Trainer essay