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|  | **Southeast Athletic Trainers’ Association**  **Student Senate Application Process** |  |

**I. Job Description**

The SEATA Student Senate position requires an individual, whom acts as a leader among peers, encourages the involvement among athletic training students and is knowledgeable on current issues regarding athletic training profession. During their appointed time, the individual will participate in SEATA Student Senate conference calls and act as a liaison to the Athletic Training Education Program Directors in each senator’s represented state. In addition, the individual will participate in planning SEATA Athletic Training Student Symposium and as well as attend the symposium. Their term will be for one year, with the possibility of renewal.

**II. Eligibility Requirements**

1. Applicant must be currently enrolled as a full-time student in a CAATE accredited College/University within District IX pursing a degree with the intention of becoming a BOC Certified Athletic Trainer.
2. Applicant must be a current student member of the National Athletic Trainers’ Association and Southeast Athletic Trainers’ Association.
3. Applicant must be either a sophomore or junior in a CAATE accredited program at the time he/she is applying.
4. Applicant must have a minimum of a 3.0 GPA.
5. It is the intent of the Southeast Athletic Trainers’ Association to have one senator from each of the represented states in District IX.
6. Each individual state will choose their own SEATA Student Senator.
7. **Application Procedures**
8. All sections of the application packet must be fully completed and signed as directed.
9. All information should be typed, with the exception of signatures.
10. A current resume should be included in the application packet.
11. One letter of recommendation from the Program Director should be included in the application packet.
12. The completed application packet must be mailed or emailed as a PDF to:

Ray Castle, PhD, ATC, LAT

LATA Vice President

latavicepresident@gmail.com

1. Applications should be postmarked by **April 1st**.
2. If you have any questions, please contact the current SEATA Student Senate members. Contact information can be found at: www.seata.org/student.

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|  | **SEATA Student Senate Application**  Section 1: General Information |  |

**Please Type or Print**

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| Applicant’s Name: | | | |  | | | | | | | | | |  |  | | | | | |  | |  | | | | | | |
|  | | | | Last | | | | | | | | | |  | First | | | | | |  | | Middle | | | | | | |
| Date of Birth: |  | | | / | |  | | | | / |  | NATA & SEATA Member Since: | | | | | | | | | | | | |  | / |  | / |  |
| NATA member number | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | |
| Permanent Address: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | Street City State Zip | | | | | | | | | | | | | | | | | | | | | | | | |
| Permanent Phone: | | | ( | |  | | | | ) | |  | | Other (Cell/Work): | | | | | | ( |  | | | | ) |  | | | | |
| College/University: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| School Address: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Street City State Zip | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Email Address: | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Athletic Training Experience (i.e. high school, college and/or clinic/physician office): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| List Leadership Positions Held: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| List any Seminars/Conferences attended (include name and dates): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Applicant’s Signature: | | | | | | |  | | | | | | | | | | | Date: | | | |  | | | | | | | |

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|  | **SEATA Student Senate Application**  Section II: Institutional Endorsement  *(This section must be completed by the applicant’s curriculum director.)* |  |

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| Name: |  | | | | | | | | | | |  |  | | | | | | | | | |  | |  | | | | |
|  | Last | | | | | | | | | | |  | First | | | | | | | | | |  | | Middle | | | | |
| Name of Institution: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Major: | |  | | | | | | | | | | | | Minor: | | | | |  | | | | | | | | | | |
| Required Academic Hours: | | | | | | | |  | | | | | | Completed Academic Hours: | | | | | | | | | | | | |  | | |
| Classification: | | | |  | | | | | | Overall GPA: | | | | | |  | | | | | | Major GPA: | | | | |  | | |
| Expected Graduation Date: | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | |
| On a scale of 1 (poor) to 5 (excellent), please circle the attributes of the applicant: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | Poor | |  | |  | | | |  | | |  | |  | | | | | |  | | Excellent | |
| Honesty and Integrity | | | | | | | 1 | |  | | 2 | | | |  | | | 3 | |  | | | | | | 4 | |  | 5 |
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| Responsibility | | | | | | | 1 | |  | | 2 | | | |  | | | 3 | |  | | | | | | 4 | |  | 5 |
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| Initiative | | | | | | | 1 | |  | | 2 | | | |  | | | 3 | |  | | | | | | 4 | |  | 5 |
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| Enthusiastic attitude | | | | | | | 1 | |  | | 2 | | | |  | | | 3 | |  | | | | | | 4 | |  | 5 |
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| Leadership | | | | | | | 1 | |  | | 2 | | | |  | | | 3 | |  | | | | | | 4 | |  | 5 |
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| Communication skills | | | | | | | 1 | |  | | 2 | | | |  | | | 3 | |  | | | | | | 4 | |  | 5 |
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| **Endorsed by applicant’s curriculum director** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please Print | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name and Job Title: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Signature: | | |  | | | | | | | | | | | | | | | | | | Date: | | |  | | | | | |

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|  | **SEATA Student Senate Application**  Section III: Applicant’s Essay  *(to be typed and signed by the applicant)*  Please use the space provided below to answer the following questions: The major goal of this committee is to encourage stronger communication amongst the student population of District IX as well as to work to bridge the gap between students and professionals. How do you hope to help the Senate accomplish these goals? How do you believe being a part of this committee will assist you in achieving your future plans? | | | | | | |  | | | |
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| Please Print  Applicant’s Name: | |  | |  |  | | | |  |  |
|  | | Last | |  | First | | | |  | Middle |
| Applicant’s Signature: | | |  | | | Date: |  | | | |

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|  | **SEATA Student Senate Application**  **Checklist** |  |

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|  | Section I: General Information completed and signed |
|  | Section II: Institutional Endorsement completed and signed by applicant’s program director |
|  | Section III: Essay completed and signed |
|  | Resume |
|  | Letter of Recommendation |