

MATS Application for Student Senator to the Great Lakes Athletic Trainers' Association (GLATA) for 2017-2019

I. Job Description:

The student senate position requires an individual who possess a positive attitude, displays a desire to participate and contribute, and is willing to represent students from the state of Michigan in a positive manner. Applicants must be willing to encourage students to become involved in the athletic training profession at any level, be informed of issues in athletic training that may affect students and future professionals, and participate in all functions required of a senator. At the district level, the student senators are primarily responsible for planning and implementing the GLATA Winter Meeting Student Education Program (SEP), encouraging students to attend the SEP from the state of Michigan, and learn the governance structure at the district and state level. At the state level, the Michigan student senators will serve in an advisory capacity to the Athletic Training Student Committee (ATSC) and participate in executive council functions through MATS.

II. Eligibility Requirements

- Applicant must be currently enrolled as a full-time student in a Michigan College/University pursuing a degree with the intention of becoming a BOC Certified Athletic Trainer.
- 2. Applicant must be a current student member of the Michigan Athletic Trainers' Society and Great Lakes Athletic Trainers' Association.
- Applicant must be a student in an athletic training education program in one of Michigan's CAATE-accredited program and receive endorsement from his/her program director.
- 4. It is the intent of the Michigan Athletic Trainers' Society to have the two senators from different schools in Michigan; however, all applicants will receive full consideration.

III. Application Instructions

All sections of the application packet must be fully completed and signed as directed. Section *General Information* (to be completed and signed by the applicant) Section II *Institutional Endorsement* (to be completed and signed by the program director of department head responsible for the applicant's academic program) Section III *Applicant's Essay* (to be written and signed by the applicant)

- 1. A current resume must be included in the application packet.
- 2. All information in the application packet (other than signatures) must be typed. Incomplete applications will not be considered.
- 3. A fully completed application packet must be submitted electronically to Gretchen Goodman (mats.pres@gmail.com) no later than 8pm on December 15, 2017.

IV. Evaluation Process

- 1. Application for deadline for Michigan Student Senator to GLATA is **8pm on December 15, 2017.**
- 2. Consideration will be given to the applicant's participation in campus activities other than academic and athletic training, in which he/she has demonstrated qualities of leadership and has been a positive example to fellow students.
- 3. Finalists for the position *may be required* to complete an interview (either in person or via phone), to be conducted prior to **January 15, 2018**. Applicants will be notified of a decision by **January 31, 2018**.
- If you have any questions, please contact Gretchen Goodman, MI State Representative to GLATA, at (616) 334-5812 or via e-mail at <u>mats.pres@gmail.com</u>

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Section I: General Information

Permanent Phone () Other (Cell) ()	<u>Please Type</u> Applicant's Name				
Permanent Address Street City State 2 Permanent Phone () Other (Cell) () School Address Street City State 2 Email Athletic Training Experience (include high school, collegiate, and clinic/physician office): List any Memberships in Professional Organizations and Leadership Positions: List any Seminars/Conferences that you have attended (include name and dates): List any awards/recognitions you have been awarded: I (do)(do not) plan to pursue the athletic training profession as my primary means of livelihood. I hereby confirm that all of the foregoing information is true and correct.		Last	` First	Middle	
Permanent Address Street Other (Cell) () School Address Street City State Z Street City State Z Email Athletic Training Experience (include high school, collegiate, and clinic/physician office): List any Memberships in Professional Organizations and Leadership Positions: List any Seminars/Conferences that you have attended (include name and dates): List any awards/recognitions you have been awarded: I (do)(do not) plan to pursue the athletic training profession as my primary means of livelihood. I hereby confirm that all of the foregoing information is true and correct.	Date of Birth	// MAT	S & GLATA Member Since	///	
Permanent Phone () Other (Cell) ()	College/University				
Permanent Phone () Other (Cell) ()	Permanent Address _				
School Address Street City State Z Email Athletic Training Experience (include high school, collegiate, and clinic/physician office): List any Memberships in Professional Organizations and Leadership Positions: List any Seminars/Conferences that you have attended (include name and dates): List any awards/recognitions you have been awarded: I (do)(do not) plan to pursue the athletic training profession as my primary means of livelihood. I hereby confirm that all of the foregoing information is true and correct.		Street	City	State	Zip
Athletic Training Experience (include high school, collegiate, and clinic/physician office): List any Memberships in Professional Organizations and Leadership Positions: List any Seminars/Conferences that you have attended (include name and dates): List any awards/recognitions you have been awarded: I (do)(do not) plan to pursue the athletic training profession as my primary means of livelihood. I hereby confirm that all of the foregoing information is true and correct.	Permanent Phone (_)	Other (Cell) ()		
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riease Type	Places Type				
Applicant's Name					
Last First Middle			First	Midd	dle
Signature of Applicant Date	Signature of Applican	+		Data	

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Section II: Institutional Endorsement

(To be completed and signed by the program director or department head responsible for the applicant's academic program and sent in electronically with application)

Please Type Applicant's Name						
Name of Institution						
Applicant's Degree Program				· · · · · · · · · · · · · · · · · · ·		
Major	_ Minor (if applic	able) _				
Academic Credit Hours Required	Academic	Credit	Hours C	omplete	d	
Expected Completion Date for Degree						
Cumulative overall GPA for ALL undergraduat						
Cumulative overall GPA for major course work	c up to date					
On a scale of 1 (poor) to 5 (excellent), please	rate this applicati	on the	following	j :		
	Ex	cellent				Poor
Initiative and independence		5	4	3	2	1
Acceptance of responsibility/accountability		5	4	3	2	1
Leadership		5	4	3	2	1
Communication Skills		5	4	3	2	1
Dedication to the athletic training profession		5	4	3	2	1

You may email a letter of support on your institution letter head if you would like to further comment regarding the capabilities of this applicant. This letter is CONFIDENTIAL and is to be emailed directly to Gretchen Goodman at mats.pres@gmail.com no later than 8pm on December 15, 2017.

	Program Director or Head of Department
Please Type	
Name	
	is enrolled at our institution and that the foregoing information is correct.
Signature	
Date	



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Section III: Applicant 's Essay (To be written and signed by the applicant)

Please use the space below to provide a letter of application regarding your athletic training background, experience, philosophy and goals in support of your application. Your statement must be typewritten and limited to the space below. **Please attach a current resume**, but DO NOT include any other letters of recommendation.

Applicant's Name			
<u></u>	Last	First	Middle
Signature of Applicant		D	ate