The Charles Cortez/Eddie Mizicko Memorial Scholarship
of the
Alamo Area Athletic Trainers Association

Name: _____

Address: _____ _____ _____
Street City Zip

Home Phone: _____ School Phone: _____

School: _____

School Address: _____ _____ _____
Street City Zip

Birth Date: _____ Gender: Female _____ Male _____

Years of Service as a student athletic trainer: _____

Sports Covered: _____

Student Athletic Trainer camps/clinics attended:

_____

_____

_____

Parent(s) or Guardian(s): _____

Address: _____ _____ _____
Street City Zip

Biographical data of supervising athletic trainer

Name: _____

Home Phone: _____ School Phone: _____

Undergraduate Degree: _____ _____
Degree Institution

Graduate Degree: _____ _____
Degree Institution

_____
Signature