



**Texas Wesleyan**  
ATHLETIC TRAINING EDUCATION

## **LEWIS W. (JACK) AND MACIE HESTER ENDOWED SCHOLARSHIP**

### **Application Information**

Texas Wesleyan offers four \$3,000 Lewis W. (Jack) and Macie Hester Endowed Scholarships each year for outstanding Athletic Training Students. One of these is awarded to an incoming freshman or transfer.

**The 2013 deadline for application is May 4, 2015.**



## LEWIS W. (JACK) AND MACIE HESTER ENDOWED SCHOLARSHIP Entering Student Application for Scholarship

### Eligibility Requirements

1. Applicant must be entering Texas Wesleyan University as a new student for the first time. (re-admits are not eligible.)
2. Applicant must have been accepted by Texas Wesleyan University.
3. Applicant must declare Athletic Training (ATR.BS.) as the major area of study.
4. Applicant must have a cumulative overall GPA of at least 2.5 (based on a 4.0 maximum) for ALL high school or previous college course work.
5. Applicant must meet all regular qualifications for financial aid at Texas Wesleyan University.
6. Applicant must have performed with distinction as a participant in academic and extra curricular activities at the previous high school or college.
7. Applicant must confirm his/her intent to pursue the athletic training profession as a primary means of livelihood.

### Application Instructions

1. All sections of the application packet must be fully completed and signed as directed.
  - Section I General Information (to be completed and signed by the applicant)
  - Section II I Applicant's Essay (to be written and signed by the applicant)
  - Section III Nomination Form and recommendation letter (to be completed and signed by an administrator, teacher, athletic trainer or professor, who can attest to the applicant's skills, abilities and scholarly activities as they relate to this application) The applicant may include the sealed envelope in the application packet or the referent may mail it directly to the program director.
2. All information in the application packet (other than signatures) must be typed.
3. Application packets must include official transcripts of ALL college undergraduate course work to date. Copies of high school transcripts are acceptable for transfer students. Incoming freshmen may submit copies of high school transcripts if the Wesleyan university registrar or admissions office has official original copies.
4. A fully completed application packet, and ALL academic transcripts, must be returned to: Dr. Pam Rast, ATEP Program Director, Department of Kinesiology, Texas Wesleyan University, 1201 Wesleyan St., Fort Worth, TX 76105.
5. All application documents must be **received** by **5:00 PM, May 4, 2015**. Incomplete application packets will not be considered.

### Evaluation and Award Process

1. All Lewis W. (Jack) and Macie Hester Endowed Scholarships are for \$3,000.
2. Need shall not be a factor in granting Lewis W. (Jack) and Macie Hester Endowed Scholarships. Assistance from other sources will not make the applicant ineligible for a Hester scholarship. If the applicant is considered "unstackable" and he or she is granted more than one scholarship, the largest financial aid amount will be granted.
3. Consideration will also 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.



4. Applicants will be notified of the Scholarship Committee's decision by **May 18, 2015**.

**LEWIS W. (JACK) AND MACIE HESTER ENDOWED SCHOLARSHIP**  
**Entering Student Application for Scholarship**

Section I: General Information  
(to be completed and signed by the applicant)

Please Type or Print

Applicant's Name \_\_\_\_\_  
Last First Middle

High School Attended \_\_\_\_\_ Date of Graduation \_\_\_\_\_

Colleges/Universities Attended \_\_\_\_\_

Address (for year-round correspondence) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PHONE \_\_\_\_\_ Email \_\_\_\_\_

Cumulative overall GPA for ALL high school course work to date \_\_\_\_\_

Cumulative overall GPA for ALL college course work (if any) \_\_\_\_\_

Student Athletic Training Experience (if any)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Organizations/Activities/Positions Held (school, civic, religious, etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Academic Awards/Other Awards/Recognition \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.***



Signature of Applicant\_\_\_\_\_ Date\_\_\_\_\_

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**Entering Student Application for Scholarship**

Section II: Applicant's Essay  
(to be written and signed by the applicant)

Please use the space below to provide a statement concerning your reasons for pursuing athletic training as a course of study, experiences, and goals in support of your application. Your statement must be printed or typewritten and limited to the space below. Please DO NOT include a resume or any other letters of recommendation. (Applicant may attach a separate sheet with his or her essay.)

~~~~~  
Please Type or Print



Applicant's Name \_\_\_\_\_  
Last First Middle

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**LEWIS W. (JACK) AND MACIE HESTER ENDOWED SCHOLARSHIP**

**Section III:**

**Incoming Student Applicant Recommendation Form**

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**This section to be completed by applicant:**

Applicant Name: \_\_\_\_\_ SS or TWU Student # \_\_\_\_\_

I am applying for financial aid in the form of an endowed scholarship to be granted to an incoming Athletic Training Education student. I certify that I have been accepted by Texas Wesleyan University and I authorize the Texas Wesleyan Athletic Training Education Program (ATEP) to collect information orally or in writing about my qualifications and past performance.

Please initial one of the following:

\_\_\_\_\_ I waive access to this letter of recommendation

\_\_\_\_\_ I do not waive access to this letter of recommendation

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

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**This section to be completed by referent. Please answer the following questions in relation to the applicant.**

1. What is your relationship with the applicant?  
☐ Athletic Trainer;   ☐ Administrator;   ☐ H. S. Teacher;  
☐ Academic Advisor;   ☐ College Professor
2. How long have you known the applicant?  
☐ < 1 year   ☐ 1-2 years   ☐ >3years
3. Briefly describe the applicant's strengths.
4. Briefly describe the applicant's weakness.



5. Based on your observation and interaction with the applicant please check the appropriate section you feel best applies to the applicant. If you do have not knowledge in relationship to that specific area, please indicate “not observed.”

|                                                       | <b>Below<br/>Average</b> | <b>Average</b> | <b>Above<br/>Average</b> | <b>Not<br/>Observed</b> |
|-------------------------------------------------------|--------------------------|----------------|--------------------------|-------------------------|
| Works cooperatively with others                       |                          |                |                          |                         |
| Shows respect for others                              |                          |                |                          |                         |
| Demonstrates a willingness to learn                   |                          |                |                          |                         |
| Acts on constructive criticism                        |                          |                |                          |                         |
| Demonstrates initiative                               |                          |                |                          |                         |
| Communicates effectively with others                  |                          |                |                          |                         |
| Demonstrates responsibility/dependability             |                          |                |                          |                         |
| Demonstrates loyalty                                  |                          |                |                          |                         |
| Demonstrates punctuality/promptness                   |                          |                |                          |                         |
| Demonstrates conscientious and/or attention to detail |                          |                |                          |                         |
| Demonstrates honesty and integrity                    |                          |                |                          |                         |
| Undertakes tasks with enthusiasm and willingness      |                          |                |                          |                         |
| Overall evaluation of applicant                       |                          |                |                          |                         |

6. Please use this space to provide any additional information you believe is important for us to know about this applicant or feel free to attach an additional letter.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

Employer \_\_\_\_\_

**Please return this form in a sealed envelope, with your signature across the seal, to:**

Pamela Rast, PhD, LAT, ATC  
 Athletic Training Education Program Director  
 Department of Kinesiology  
 Texas Wesleyan University  
 1201 Wesleyan St.  
 Fort Worth, TX 76105