



**HATA STUDENT SCHOLARSHIP APPLICATION**

**GENERAL INFORMATION**

Applicant's Full Name:

Date of Birth:

NATA Member Number:

NATA Member Since:

Student Level:    High School    Undergraduate    Professional    Post-professional    Doctoral

NPI Number (Graduate students only):

Affiliated Institution/School: \_

Home Address:

Phone:

Email Address:

Graduation Date (Month/Year):

Cumulative GPA (on a 4.0 scale):

Clinical Sponsor:

Title:

Email:

Academic Sponsor

Title:

Email:

**I \_\_\_\_\_, acknowledge all eligibility criteria and agree to meet all requirements above if selected as recipient.**

**Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_**