

OhioHealth Sports Medicine Foundation Scholarship

OhioHealth Sports Medicine is the largest multidisciplinary sports medicine group in central Ohio dedicated to treating and working with athletes at all levels. Founded in 2006, OhioHealth Sports Medicine is made up of more than 120 athletic trainers at over 45 high schools, 8 colleges, and youth sports organizations as well as more than 45 physicians fellowship trained in sports medicine.

The OhioHealth Sports Medicine Foundation is proud to be awarding three, \$1,000.00 scholarships. The application period is January 1st - February 28th of each year. A decision will be made by April 15th of each year.

Each applicant must meet the following criteria to be eligible for this scholarship:

- Attend an OhioHealth Sports Medicine affiliated high school
- Be a graduating high school senior
- Planning to enter a U.S. institution majoring in a health care related field

To apply, please complete the following requirements:

- Application Form
- High School Transcript(s)
- 2 Letters of Recommendation (one teacher and one non-teacher)
- An essay about your goals for the future, why you want to go into the medical field, and why you deserve this scholarship (1000 words or less)

Once completed, please mail all required documents to:

OhioHealth Dublin Sports Medicine Center
Attn: OhioHealth Sports Medicine
6955 Hospital Drive
Dublin, Ohio 43016

Thank you for applying,

OhioHealth Sports Medicine

OhioHealth Sports Medicine Foundation Scholarship

Personal Information

Name: _____ Phone: _____ Email: _____
Parent/Guardian: _____ Phone: _____ Email: _____
Address: _____ City/State/Zip: _____

Education

High School: _____ Anticipated Graduation Date: _____
GPA Fall Term: _____ GPA Cumulative: _____
Honors/Awards: _____

Certifications (and dates): _____
Intended Post-Secondary Institution(s): _____

Intended Major/Course of Study: _____

Extra-Curricular Activities / Employment / Community Service

(May attach additional page if needed)

Please list any scholarships/awards you are receiving. Include the monetary amount(s).

By signing this application, I verify that all information provided herein is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

Parent/Guardian Signature (if under 18): _____

