

# 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 200 athletic trainers at over 90 high schools and middle schools, 8 colleges, and youth sports organizations as well as more than 60 physicians fellowship trained in sports medicine.

The OhioHealth Sports Medicine Foundation is proud to be awarding four, \$1,000.00 scholarships. The application period is January 1<sup>st</sup> - February 28<sup>th</sup> of each year. A decision will be made by April 15<sup>th</sup> 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)
- A one page essay on the following prompt:
  - The OhioHealth organization is built upon several core values that guide our mission: *to improve the health of those we serve*. In your own words, please reflect on a personal experience that illustrates one of OhioHealth's core values and explain how it shaped your interest in healthcare profession.

## Once completed, please submit all required documents to:

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

OR By electronic submission to:  
Kelly.Damschroder@ohiohealth.com  
Please use the following subject line:  
OHSM Foundation Scholarship Application

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): \_\_\_\_\_