OhioHealth Sports Medicine

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 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)
- 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
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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): _____

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