

2016 Minnesota Athletes in Sports Medicine Scholarship

Sports and Orthopaedic Specialists, the Women's Orthopaedic Center and Allina Health are proud to present the 8th annual Minnesota Athletes in Sports Medicine Scholarship. Two \$2,500.00 scholarships are available and will be awarded to one male and one female student athlete who intend to pursue a professional career in sports medicine.

Qualified candidates should demonstrate leadership, be actively involved in their community and interscholastic sports and achieve academic success.

As healthcare providers and professionals, we are committed to delivering unsurpassed patient care, providing patient education, and are actively engaged in research to benefit the public and the health care community. The recipients of these scholarships should demonstrate similar qualities and interests which will allow them to be successful in the pursuit of a career in sports medicine.

Sports and Orthopaedic Specialists and Allina Health

Minnesota Athletes in Sports Medicine Scholarship criteria:

1. Graduating high school senior male from the state of Minnesota.
2. Planning on attending a four-year college or university within the United States.
3. Involved in an interscholastic sport each of their 4 years in high school.
4. Intending to major in a field related to sports medicine.
5. Application Deadline: **Must be post marked by May 2, 2016**

Women's Orthopaedic Center and Allina Health

Minnesota Athletes in Sports Medicine Scholarship criteria:

1. Graduating high school senior female from the state of Minnesota.
2. Planning on attending a four-year college or university within the United States.
3. Involved in an interscholastic sport each of their 4 years in high school.
4. Intending to major in a field related to sports medicine.
5. Application Deadline: **Must be post marked by May 2, 2016**

www.sportsandortho.com www.womensorthocenter.com

www.allinahealth.org

**2016 Minnesota Athletes in Sports Medicine Scholarship
Application Form**

I. Applicant Information

Name: _____

Gender: Male ___ Female ___ High School: _____

Home Address: _____

City: _____ Zip code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Parents' Names: _____

Intended College or University: _____

Intended Major: _____

II. Additional Application Requirements

1. List of interscholastic sports activities and years involved
2. Description of volunteer activities (school, church, community, etc.)
3. Summarization of leadership roles
4. Special honors or recognitions
5. A description of any relevant work experience
6. Copy of your transcript with current cumulative high school GPA (minimum 3.5 GPA required)
7. A copy of ACT score(s)
8. A one page, single-spaced essay describing how your experience as an interscholastic student athlete will benefit a sports medicine career and the medical community in the future.

Please send completed application and attachments to:

(Do not staple documents together)

Must be postmarked by May 2, 2016

Brent B. Millikin

Manager of Sports Medicine Services

8100 West 78th Street,

Suite 225

Edina, MN 55439