2021 Allina Health Orthopedics 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 March 1st, 2021.

Brent B. Millikin
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Allina Health Orthopedics
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