

NYU Winthrop HospitalTM

Sports Medicine

2019 Scholarship Application

NYU Winthrop Hospital™

Sports Medicine

Dear Student Athlete,

NYU Winthrop Hospital's Sports Medicine program, through its partnership with school districts and athletic programs, has been successful in supporting the community by providing Athletic Training Services. NYU Winthrop's Sports Medicine program is pleased to offer a scholarship opportunity to you.

The program will offer one (1) **\$500 scholarship** to a Student Athlete meeting the following criteria:

- GPA of 3.0 or higher
- Student Athlete must be applying to a college program in health care or related field.
- Student Athlete must complete an application and a 300-500 word essay supporting why the student should be chosen and explaining how athletics has been a part of their goals for future contribution to health care.

The Student Athlete will submit applications for review by the NYU Winthrop Hospital Sports Medicine Committee including the Chairman of the Department of Orthopaedics, Chief of the Sports Medicine Program, hospital administrators, and other designated Athletic Trainers and staff. Applications will be accepted from Senior level students up until **March 29, 2019**. The decision is determined by the above committee.

For more information, please don't hesitate to call NYU Winthrop Hospital Sports Medicine at 516-663-1054.

Thank you,

Stephen Wirth, PT

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Medicine
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Christopher Napoli, MS,ATC

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Please submit any questions to: Chris Napoli, 516-663-1054 or email: Christopher.Napoli@nyulangone.org

SCHOLARSHIP APPLICATION 2019

Please type or print your answers legibly.			
1.	Last Name: _____	Middle Initial: _____	First Name: _____
2.	Mailing Address: Street: _____ City: _____ State: _____ Zip: _____		
3.	Daytime Telephone Number: (____) _____	Email Address: _____	Social Security Number: _____ - _____ - _____
4.	Date of Birth: Month Day Year		Gender:
5.	Cumulative Grade Point Average (GPA): _____ (On a 4.0 scale) <small>Attach proof of GPA. Your most recent school transcript is required.</small>		
6.	Name and location of High School attending:		
7.	Are you planning on attending school for healthcare: YES ____ NO ____ If “Yes” : What field are you looking to pursue: _____		
8.	(If there is not enough space please use attached copy labeled Academic, Athletic Honors page) A. List any academic honors, awards and membership activities while in high school: B. List any athletic honors, awards and membership activities while in high school: C. List your hobbies, outside interests, extracurricular activities and school related volunteer activities: D. List your non-school sponsored volunteer activities in the community:		

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9.	Have you committed to a college? If so please list school: _____
10.	If not, list your top 3 college choices: 1. 2. 3.

11. On a separate sheet please write an essay (300- 500 words) answering the questions below:

Why should you be chosen for this award and how has athletics been a part of your future goals in contributing to health care?

STATEMENT OF ACCURACY FOR STUDENTS

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that if chosen as a scholarship winner my picture may be taken and used to promote NYU Winthrop Hospital Sports Medicine scholarship program. (Winner may waive photo due to unusual or compelling circumstances.)

I hereby understand I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

Signature of scholarship applicant: _____ **Date:** _____

STATEMENT OF SUPPORT BY GUIDANCE COUNSELOR and Parent/Guardian

I hereby affirm that this application meets the criteria set forth by this scholarship program and that I support this application to NYU Winthrop Hospital Sports Medicine Program.

Name of Guidance Counselor submitting the application: _____

High School: _____

Contact information (email and phone): _____

Signature of Guidance Counselor: _____ **Date:** _____

Name of Parent/Guardian of the student Applicant submitting the application: _____

Contact information (email and phone): _____

Signature of Parent/Guardian: _____ **Date:** _____

Academic, Athletic Honors page

A. List any academic honors, awards and membership activities while in high school:

B. List any athletic honors, awards and membership activities while in high school:

C. List your hobbies, outside interests, extracurricular activities and school related volunteer activities:

D. List your non-school sponsored volunteer activities in the community:

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Checklist

- Application
- Essay
- Resume/Activity Sheet
- Guidance Counselor and Parent/Guardian signatures
- School Transcript

MAIL COMPLETE APPLICATION PACKAGE TO:
NYU Winthrop Hospital Sports Medicine Program
Attn: Scholarship Committee
1300 Franklin Avenue, Suite #LL2
Garden City, NY 11530

REMINDER:
The deadline for this application to be received by the program's Office is:
MARCH 29, 2019, 4:00 p.m. NO EXCEPTIONS!