



BON SECOURS
ST. FRANCIS HEALTH SYSTEM

St. Francis Sports Medicine Scholarship

The St. Francis Sports Medicine department is proud to offer financial assistance to high school athletes pursuing their education.

Applicant Criteria:

- ◆ Strong community service background.
- ◆ Exhibit scholastic achievement.
- ◆ Excel in the Athletic Sports Performance Challenge.
- ◆ Previous winners are not eligible.
- ◆ Employee dependents and Volunteers or Volunteer dependents are eligible to apply. Dependents of St. Francis leadership and affiliated physicians of the Sports Medicine Network are not eligible. (Dependents refer to children and grandchildren).

Required Information:

- 1) Proof of enrollment in a high school in the Upstate of South Carolina
- 2) Estimated GPA (***on a 4.0 scale***) on school letterhead or signed by school official
- 3) Two (2) personal letters of recommendation:
 - One from coach, athletic director, or PE teacher and
 - One from teacher, guidance counselor or principal
- 4) Student Essay including
 - Volunteer/Community Involvement/ School Activities, and
 - Why and how would this scholarship impact the advancement of your career?
- 5) Applications must be completed in full.

All information must be received in the Sports Medicine office by 4 PM on Friday, February 12 to be considered as a recipient. Finalists also may be asked to interview with Sports Performance Scholarship Committee.

Please mail all requested information to the address below or fax it to 864-675-4655:

St. Francis Sports Medicine
RE: Sports Performance Scholarship
135 Commonwealth Drive, Suite 250
Greenville, SC 29615

Applications will be accepted until 4 PM on Monday, April 5, 2010. Please contact 864-675-4646 for further information.

St. Francis Sports Medicine Scholarship Application

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Date of Birth: _____ SS#: _____

High School Attending: _____ Graduation Year: _____

GPA (on a 4-point scale): _____ Class Ranking: _____

Planned Area of Study in College: _____

Planned College: _____

Are you currently receiving any other financial aid (Pell Grant, Hope or Life Scholarships, Athletic Scholarships)?

Yes _____ No _____ If yes, please attach summary of aid.

In submitting this application, I authorize investigation of all statements contained in it, and it is understood and agreed that any misrepresentation by me in the application will be sufficient cause for cancellation of this application. I authorize St. Francis to make any investigation deemed necessary, and release the party contacted from all liabilities and damages for issuing same. I understand that if awarded this scholarship all payments will be made to college upon my enrollment.

Signature: _____ Date: _____

The St Francis Sports Medicine Scholarship will be awarded to a Junior or Senior, currently enrolled in an Upstate area high school, who excels academically and athletically, to aid in their academic pursuits.

St. Francis Sports Medicine Scholarship Application

Please enclose the following information. Typed pages may be submitted in place of this page.

What do you plan to do with your college degree?

Volunteer / Community Involvement / School Activities

Please state why this activity was chosen, the population served, and how being involved in this activity has impacted you.

1.

2.

3.

Athletic Involvement:

This scholarship would enhance my future career in the following ways:
