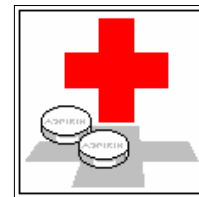




**NEW HAMPSHIRE INTERSCHOLASTIC
ATHLETIC ASSOCIATION
SPORTS MEDICINE COMMITTEE
AND THE
NEW HAMPSHIRE MEDICAL SOCIETY**



IN MEMORY OF PRESTON R. CLARK, M.D.,
CONCORD ORTHOPAEDICS

**PRESTON R. CLARK, M.D.
SCHOLARSHIP**

If you would like a copy of this application form in Microsoft Word for easy typing and formatting, please send a request to info@nhiaa.org.

I. CRITERIA

The NHIAA Sports Medicine Committee will recognize annually one student from an NHIAA member school through the awarding of a Preston R. Clark Memorial Scholarship. This student will be selected from an applicant pool of students (state-wide) who:

- A. Express a career interest in medicine, athletic training, nursing, and/or the care and treatment of sports injuries.
- B. Have not yet matriculated at an undergraduate institution.
- C. Maintain a scholastic average (GPA) of 3.0 or above through the first semester of their senior year.
- D. Have the recommendation of their school principal and athletic director.

II. APPLICATION PROCESS

- A. Enclose an official school transcript.
- B. Enclose a letter of recommendation from the school principal and athletic director.
- C. Enclose a personal statement of 250 words or less, explaining why the applicant is choosing one of the health-related fields contained in this application.
- D. Mail the application to the NHIAA Office at 251 Clinton Street, Concord, NH 03301. This must be postmarked no later than March 15, 2012.

III. APPLICATION REVIEW

The Committee will use criteria of class rank, GPA, involvement in athletics and health-related activities, and letters of recommendation to determine finalists by consensus.

IV. NOTIFICATION/ANNOUNCEMENT OF AWARDS

The Committee shall contact the finalist by phone and follow-up letter. A check will be presented at the student's school awards assembly or graduation.

(Please make additional copies of this application as necessary.)



**APPLICATION
PRESTON R. CLARK, M.D.
SCHOLARSHIP**

APPLICANT NAME: _____

HIGH SCHOOL: _____

ADDRESS: _____

STREET: _____

CITY: _____

STATE: _____

ZIP CODE _____

TELEPHONE: _____

DATE OF BIRTH: _____

MALE

FEMALE

**PARENT/GUARDIAN
NAMES:**

FATHER: _____

MOTHER: _____

**HIGH SCHOOL ACTIVITIES
AND SPORTS PLAYED:** _____

ANTICIPATED DATE OF GRADUATION: _____

PRINCIPAL: _____

ATHLETIC DIRECTOR: _____

COLLEGES/UNIVERSITIES TO WHICH APPLICATIONS HAVE BEEN MADE: _____

Please attach a typewritten statement which clearly states your reasons for pursuing further education in a health-related field.

Signature of Applicant: _____

All applications must be postmarked by March 15, 2012 or earlier.