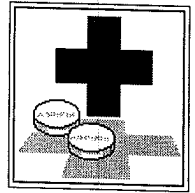




**NEW HAMPSHIRE INTERSCHOLASTIC  
ATHLETIC ASSOCIATION  
SPORTS MEDICINE COMMITTEE  
AND THE  
NEW HAMPSHIRE MEDICAL SOCIETY**



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

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

**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.*