



# Scholarship Application

Revised 2015

Through this application process, sponsors provide scholarships. Sponsors such as:

- CVS Health
- National Technical Honor Society
- National Consortium for Health Science Education
- Delmar Cengage Learning
- DEPCO, LLC
- Health Professions Network
- U.S. Public Health Service
- PassAssured, LLC
- American Dental Education Association
- National Children's Oral Health Foundation: America's ToothFairy
- Anatomy in Clay
- F.A. Davis Company
- HOSA General Scholarship Fund... and others!

[Please do not contact sponsors directly as all processes and awards are administered by HOSA.]

## PROCEDURE

1. Scholarships are available to either senior secondary or postsecondary/collegiate HOSA members who plan to continue or further their education in the health professions.
2. All scholarship materials must be mailed together in one envelope. This includes letters of reference, transcript, **photo**, etc. Incomplete applications will not be considered.
3. All applications must be typed, word-processed, or legible handwriting. All applications must be grammatically correct and complete for acceptance and review by HOSA.
4. All applications are to be submitted by the student applicant and mailed directly to:  
**HOSA–Future Health Professionals, 548 Silicon Drive, Suite 101, Southlake, TX 76092.**
5. There is no limit to the number of applications per school or per state association.
6. Applications must be **RECEIVED no later than April 1** for consideration. Late arrivals will not be considered.
7. The HOSA Scholarship Awards Committee will make final decisions on scholarship awards. Recipients will be announced by May 1.
8. Checks for monetary awards will be presented to HOSA members at the national leadership conference (NLC). If award recipients are not in attendance at the NLC, checks will be mailed to the address provided on the scholarship application. Scholarship recipients in attendance at the NLC will be invited to attend a VIP Scholarship Dinner with sponsors prior to the Opening General Session, sit with sponsors in the VIP section at the Opening General Session, and will be called on stage to receive the scholarships.
9. The amount and number of scholarships will vary from year to year. Only one application is needed for HOSA members to be considered for ALL HOSA scholarships except the ACTE-HSE Scholarship. (Association for Career and Technical Education-Health Science Educators)
10. Recipients are not required to attend the NLC in order to receive their award.

## CRITERIA

1. Applicants must be in pursuit of becoming a health professional and be a HOSA member.
2. **A copy of your HOSA chapter membership roster from HOSA's affiliation system must be attached to the application.** Please ask your local chapter advisor to provide you with a copy.
3. The scholarship application packet must include the following:
  - **Transcript** – A current, official transcript.
  - **Further Education** – Indicate the postsecondary, career and technology education program, community college or 4-year college/university you are planning to attend. (If acceptance letter is available, please provide a copy. If not available, please include a statement indicating not currently available and state your plans.)
  - **Leadership Activities and Recognition** – Substantiating evidence of leadership, responsibility and character through activities in HOSA as well as other than through HOSA. A list of activities could include: offices held, awards and honors, and personal involvement.
  - **Community Involvement** – A listing of all community service activities, volunteer experience, etc. and a description of each activity (minimum of one paragraph on each activity listed).
  - **Photo of the Applicant** – Photo can be color or black and white.
  - **References** - Three (3) written references are required. The names and addresses of references must be listed on the application. References should document the applicant's scholarship, leadership abilities, interpersonal skills, integrity, and potential in health professions and must be provided by any of the following:
    - A teacher, advisor, principal, or director of the health science education program
    - An employer
    - Any other source other than a relative
  - **Personal Statement.** Applicants must submit a one (1)-page statement to include the following information. (This statement can be either word-processed or handwritten.)

**Describe three (3) exemplary qualities gained through your HOSA experiences, and how you plan to use them in your future college, community and career.**

Applicants **MUST** send materials clipped together. Pocket folders, brief folios or binders **may not** be used. Sheet protectors are **not** permitted. Incomplete applications will not be considered.



# HOSA, Inc, Scholarship Application Form

NAME: \_\_\_\_\_

HOSA DIVISION: (Secondary, Postsecondary or Collegiate) \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_

SCHOOL \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ADVISOR'S NAME: \_\_\_\_\_ ADVISOR'S TELEPHONE: \_\_\_\_\_

CAREER GOAL (Be specific as to career – nurse, doctor, physical therapist, etc.)  
\_\_\_\_\_

HAVE YOU BEEN ACCEPTED TO A POSTSECONDARY OR COLLEGIATE PROGRAM TO  
PURSUE YOUR EDUCATION AS OF THIS SUBMISSION? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, PLEASE PROVIDE INSTITUTION NAME. \_\_\_\_\_

IF NO, PLEASE INDICATE WHERE YOU HAVE APPLIED: \_\_\_\_\_

### Transcript Information (20 points)

Indicate Grade Point Average (GPA) \_\_\_\_\_ (on a 4.0 non-weighted scale)  
(If your GPA is on a weighted scale, please convert to 4.0 scale.)

Class Rank \_\_\_\_\_ Class Size \_\_\_\_\_

Indicate SAT and ACT scores, if available. (If not available, leave blank.)

SAT scores: Critical Reading: \_\_\_\_\_ ACT cumulative scores: \_\_\_\_\_

Math: \_\_\_\_\_

Writing: \_\_\_\_\_

Please check if you are a member of the National Technical Honor Society.

Please check if you are a state officer.

Attach the following:

Transcript

Further Education Intent

Leadership Activities

Photo

Community Involvement

References

Personal Statement

Copy of Membership Roster

**References** - list name of person submitting letter for each category below: (9 points)

1. A teacher, advisor, principal, or health science education program director \_\_\_\_\_
2. An employer or community leader \_\_\_\_\_
3. Any other source other than a relative \_\_\_\_\_

**Leadership Activities and Recognition** (30 points)

List HOSA and OTHER school offices you have held, activities you have been involved, and a clear statement of your leadership, responsibility and commitment for each. (If additional space is needed, attach a sheet of paper.)

<b>Year</b>	<b>Office Held or Committee</b>	<b>Responsibilities</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Community Involvement:** (15 points)

List community activities (other than HOSA or school activities above) that you were involved and/or awards received. (If additional space is needed, attach a sheet of paper.)

<b>Year</b>	<b>Organization Involved</b>	<b>Demonstrate Leadership and Record of Participation in Each Activity</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



The following form will be used to rate the applications as part of the final selection process.

**Please do NOT complete or send as part of the application.**

## HOSA SCHOLARSHIP APPLICATION RATING SHEET

1. **Transcript:** 20 points maximum

GPA	10 points	_____
Other (test scores, attendance, etc.)	5 points	_____
Awards, honors or educational societies that indicate the quality of academic performance.	5 points	_____

2. **Leadership Activities and Recognition:** 30 points maximum

Evaluate the quantity and quality of activities in HOSA, other student and school organizations, athletics, band, and other activities that require leadership skills.

HOSA Leadership	5 points	_____
Quality of leadership activities, clear evidence of leadership, responsibility and commitment	10 points	_____
Number and variety of leadership activities	10 points	_____
Recognition and Awards	5 points	_____

3. **Community Involvement:** 15 points maximum

Quality, quantity, duration and impact of community service activities	15 points	_____
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4. **References:** 9 points maximum

Each reference rated as follows: Outstanding reference with specific examples (3 pts.); Outstanding but general (2 pts.); Good (1 pt.)	9 points	_____
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5. **Personal Statement:** 26 points maximum

26 points	_____
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**TOTAL POINTS** \_\_\_\_\_

Comments: