



HOSA, Inc, Scholarship Application

Revised 2012

As part of this application, scholarships are provided by sponsors such as:

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

- National Technical Honor Society
- National Consortium on Health Science Education
- Delmar Cengage Learning
- DEPCO, LLC
- Health Professions Network
- National Athletic Trainers' Association
- Philip R. Patton (HCA - Hospital Corporation of America)
- U.S. Public Health Service
- HOSA General Scholarship Fund
- and more

PROCEDURE

1. Scholarships are available to either a senior secondary or postsecondary/collegiate HOSA member who plans to continue or further his/her education in the healthcare field.
2. All scholarship materials must be mailed together in one envelope. This includes letters of reference, transcript, 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 National HOSA Headquarters at 6021 Morriss Road, Suite 111, Flower Mound, TX 75028.
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 Awards Committee will make the final decision on scholarship awards and scholarship recipients will be announced by May 1.
8. A check for the monetary award will be presented to the HOSA member at the NLC or will be mailed to the address provided on the scholarship application if the award recipient is not in attendance. If the scholarship recipient is in attendance at the NLC, he/she will be invited to attend a VIP Dinner with the Award Sponsors prior to the Opening General Session, sit with the sponsor in the VIP section at the Opening General Session, and will be called on stage to receive the scholarship.
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.
10. The recipient is not required to attend the NLC in order to receive his/her award.

CRITERIA

1. Applicants must be currently enrolled in a health science education program and be a member of HOSA.
2. The scholarship application packet must include the following:
 - **Transcript** – A current, official transcript.
 - **Further Education** – Indicate the Postsecondary Career and Technology Program, Community College or 4-year College 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).
 - **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 the health profession and must be provided by any of the following:
 - A teacher, advisor, principal, or director of the Health Science 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: _____

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: _____

LOCAL HOSA ADVISOR: _____

Transcript Information (20 points)

Indicate Grade Point Average (GPA) _____ (on a 4.0 non-weighted scale)
(If in an Honor's Program, please convert your GPA to a 4.0 scale.)

Rank in Class _____ No. in Class _____

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 is Optional: Please attach a picture with the application to be used in press releases announcing the scholarship recipients.
- Community Involvement
- References
- Personal Statement

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

- 1. A teacher, advisor, principal, or director of the Health Science program. _____
- 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.)

Year	Office Held or Committee	Responsibilities
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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.)

Year	Organization Involved	Demonstrate Leadership and Record of Participation in Each Activity.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



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 your 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:	9 points	_____
Outstanding reference with specific examples (3 pts.)		
Outstanding but general (2 pts.)		
Good (1 pt.)		

5. **Personal Statement:** 26 points maximum

	26 points	_____
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TOTAL POINTS _____

Comments: