



**Association for Career & Technical Education
Health Science Technology Education
Division**

Scholarships

I. Application Request(s):

- HSTE Scholarship
- Catherine B. Junge (HOSA students only)
- Both scholarships (only one application form is needed if applying for both scholarships.)

II. Mail the application(s) by **April 1** to:

Ruth Eckenstein, Vice President
ACTE – HSTE Division
Oklahoma Department of Career Technology
11500 W. Seventh Avenue
Stillwater, OK 74074

HSTE SCHOLARSHIP APPLICATION

PROCEDURE

1. All applications must be typed, grammatically correct and complete for acceptance and review by ACTE/HSTE.
2. Applications will be mailed by April 1 to the current ACTE-HSTE Division Vice President. (See "Contact Information" on HOSA/ACTE web site.)
3. A selection committee, appointed by the current ACTE-HSTE Division Vice President will determine the most deserving recipient.
4. A monetary award of \$250 will be awarded.
5. The recipient will be notified by the ACTE-HSTE Division Vice President.
6. Payment of the scholarship award will be made by the ACTE-HSTE Division Vice President (given official documentation of the recipient's enrollment in a postsecondary (community/technical/junior college) or university/college). In the event the total award is not utilized, it or any part will revert to the scholarship account.

CRITERIA

1. Applicants must be enrolled in a secondary, postsecondary, or college/university Health Science Technology Education program.
2. The applicant may be a high school senior with proof of acceptance into further education for a health career, or an enrolled student in a postsecondary (community/technical/junior college) or university/collegiate Health Science Technology Education program.
3. **Grades-** The transcript of the applicant must accompany the application.
4. **Leadership Activities-** Submit a list of activities including: offices held, awards and honors, and student organization involvement (if applicable).
5. **Community Involvement-** Describe community service, volunteer experience, church related activities, etc.
6. **Essay -** Submit a 350-750 word essay describing contributions they expect to make to the health profession and why they should be selected as the recipient of the HSTE scholarship.

REFERENCES

1. Three (3) references are required.
2. Names and addresses of references must be listed on the application.
3. References must be provided by any of the following: (1) A teacher, advisor, principal or director of the HSTE program. (2) An employer. (3) Any other source other than a relative.
4. References should document applicant's scholarship, leadership abilities, interpersonal skills, integrity and potential in the health profession.
5. Letters of reference should be sent directly to the HSTE Vice President or included with the application.

CATHERINE B. JUNGE MEMORIAL SCHOLARSHIP

PROCEDURE

1. All applications must be typed, grammatically correct and complete for acceptance and review by ACTE/HSTE.
2. Applications will be mailed by April 1 to the current ACTE-HSTE Division Vice President. (See "Contact Information" on HOSA/ACTE web site.)
3. Application forms are to be included in the National HOSA Leadership Conference's annual announcement/pre-registration materials.
4. A selection committee, appointed by the current ACTE-HSTE Division Vice President and to include a member of the Junge family, will determine the most deserving recipient.
5. A monetary award of \$250 will be awarded to each recipient. The number of scholarships is dependent upon funding.
6. The recipient will be notified by the ACTE-HSTE Division Vice President.
7. The recipient's name will be submitted to the National HOSA Executive Director by the ACTE-HSTE Division Vice President.
8. Announcement of the selected recipient will be made during the annual HOSA National Leadership Conference and included in the National HOSA and ACTE-HSTE Division publications.
9. Payment of the scholarship award will be made by the ACTE-HSTE Division Vice President (given official documentation of the recipient's enrollment in a postsecondary (community/technical/junior college) or university/college). In the event the total award is not utilized, it or any part will revert to the scholarship account.
10. The ACTE-HSTE Division Vice President will notify the Junge family of the recipient and the amount awarded.

CRITERIA

1. The recipient must be a member and be a local, regional, state, or national officer of HOSA.
2. Applicants must be enrolled in a secondary, postsecondary, or college/university Health Science Technology Education program.
3. The applicant may be a high school senior with proof of acceptance into further education for a health career, or an enrolled student in a postsecondary (community/technical/junior college) or university/collegiate Health Science Technology Education program.
4. **Grades-** The transcript of the applicant must accompany the application.
5. **Leadership Activities-** Submit a list of activities including: offices held, awards and honors, and student organization involvement.
6. **Community Involvement-** Describe community service, volunteer experience, church related activities, etc.
7. **Essay -** Submit a 350-750 word essay describing contributions they expect to make to the health profession and why they should be selected as the recipient of the HSTE scholarship.

REFERENCES

1. Three (3) references are required.
2. Names and addresses of references must be listed on the application.
3. References must be provided by any of the following: (1) A teacher, advisor, principal or director of the HSTE program. (2) An employer. (3) Any other source other than a relative.
4. References should document applicant's scholarship, leadership abilities, interpersonal skills, integrity and potential in the health profession.
5. Letters of reference should be sent directly to the HSTE Vice President or included with the application.

HSTE & CATHERINE B. JUNGE Scholarship Application Form

Please consider me for the:

____ HSTE Scholarship ____ Catherine B. Junge Scholarship ____ Both

Name _____

Student Organization _____

Home Address _____

Phone _____

Program Name _____

School Address _____

Phone _____

Local Student Organization Advisor _____

If more space is needed, attach additional documentation.

1. Attach evidence of acceptance in a program of Health Science Technology Education program.

2. Submit transcripts of grades.

3. Leadership Activities:

4. Community Involvement:

5. References:

- a. _____
- b. _____
- c. _____

6. Essay: Please attach separately. (350-750 words)

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.

ACTE - HSTE Scholarship Rating Sheet

Applicant _____ School/College _____

Evaluator _____ Date _____

Is there evidence of acceptance into a postsecondary program?

Grades

20 Points Maximum

- A Average 20 Points _____
- B Average 15 Points _____
- C Average 10 Points _____
- D Average 5 Points _____

Leadership Activities

30 Points Maximum

- Involvement in 5 Activities and Hold Office 30 Points _____
- Involvement in 3 Activities and Hold Office 20 Points _____
- Involvement in Less Than 3 Activities 10 Points _____

Community Involvement

20 Points Maximum

- Major Involvement with Office Held 20 Points _____
- Involvement with Office Held 15 Points _____
- Slight Involvement with Office Held 10 Points _____
- Little or No Involvement 5 Points _____

Essay 30 Points

30 Points Maximum _____

TOTAL POINTS _____