



HOSA, TA SCHOLARSHIP OPPORTUNITIES

SECTION E

Revised July 2010

This section contains:

- Area Scholarship Application
- State Scholarship Application
- Postsecondary/Collegiate Scholarship Application
- THOA: Sue Alder Scholarship Information
- National HOSA Scholarships
- Other Scholarship Information

HOSA, TA SCHOLARSHIP RECIPIENTS 2009-2010

Area I

Hanfeng Ji \$1000.00
Karim Sayani \$1000.00
Lily Tran \$1000.00

Area III

Kelly Nzali \$1,000.00
Horacio Martinez \$1,000.00
Sara Lee \$1,000.00

Area IV

Ruben Cadena \$1500.00

Area V

Ashley Flores \$1000.00
Vi Nguyen \$1000.00
Chikodi Okoya \$1000.00

Area VI

Dishajoyti Nath \$1,000.00
Drew Nowicki \$1,000.00
Macy Zardeneta \$1000.00

Area VII

Aurora Lara \$1000.00
Kyara Trevino \$1000.00
Stella Zarate \$1000.00

State SCHOLARSHIP RECIPIENTS

Karim Sayani \$1000.00
Hanfeng Ji \$1000.00
Prachi Patel \$1000.00
Sara Lee \$1000.00
Krystal Rivera \$1000.00
Lily Tran \$1000.00
Stephanie Taing \$1000.00
Kelly Nzali \$1000.00
Lyna Nguyen \$1000.00
Ashley Flores \$1000.00
Dishajoyti Nath \$1000.00

Amber Menefee Memorial Scholarship

Chikodi Okoye \$300.00

Karen Batchelor's Outstanding Texas HOSA State Officer Scholarship

Christina French \$2000.00

HOSA, TA AREA SCHOLARSHIP APPLICATION

Name _____

Advisor _____

Home Address _____

School _____

City, State, Zip _____

City, State, Zip _____

Home Phone (____) _____

School Phone (____) _____

Circle the scholarship for which you are applying: Area: 1 2 3 4 5 6 7

The purpose of these scholarships is to provide financial assistance to a Health Science student who desires to further his or her education in a health career. Selection of scholarship recipients is based on:

1. Applicant must be a member in good standing with HOSA, Texas Association who will complete the requirements for graduation from high school before September 1 of the year in which the scholarship is awarded. Applicant must be registered for area conference.
2. An **official** current transcript of the student's academic record (**MUST be converted to a 4.0 scale.**) An official stamp or embossed seal must be on the transcript. The transcript **MUST** be in a sealed envelope with an official stamp or embossed seal across the envelope seal..
3. An outline of student's HOSA & community service activities with Verification Form (E-5).
4. Two letters of recommendation from someone associated academically or from the applicant's employment experience (see page E-4). Each recommendation must be in a sealed envelope. The person who wrote the recommendation must put his/her signature across the sealed flap of the envelope.
5. Applicants must submit an essay outlining their career goals and their plan to accomplish these goals. The essay should be 2-3 typed/word processed double-spaced pages in length and include information on extracurricular and community activities. (Be specific and include all offices held in any organization.) Spelling, grammar and sentence structure will be evaluated.
6. Completed scholarship application **MUST** be submitted by the registration deadline for the area in which the student is a member of. The applications **MUST** be mailed to the State Advisor, Belinda Mahone, 155 Hunter's Glen Drive, Waxahachie, Texas 75167. **NO LATE APPLICATIONS WILL BE ACCEPTED.**
7. A minimum of 70% of the possible points **MUST** be obtained to be considered for the scholarship.
8. Scholarships will be reviewed by at least two members of the Visiting Board of Directors. No reviewers may have students applying for a scholarship.
9. Payment of the scholarship will be made to the institution the recipient is attending after proof of enrollment has been received at the HOSA, TA office from the postsecondary institution verifying 30 days of enrollment.
10. Failure by the student to notify the HOSA, TA of postsecondary enrollment status by December 31 of the year in which the scholarship is awarded will result in forfeiture of the entire scholarship.

HOSA, TA AREA SCHOLARSHIP RECOMMENDATION LETTER

For your convenience, listed below are descriptive words or phrases that are frequently used to describe a scholarship applicant. Please rank the student by circling the most appropriate number from 1 to 5:

- 1 = average
- 2 = above average
- 3 = superior
- 4 = within the top 10% of students known
- 5 = within the top few students ever known

DEPENDABILITY	1	2	3	4	5
COMMUNICATION with peers/professionals	1	2	3	4	5
LEADERSHIP	1	2	3	4	5
HONESTY	1	2	3	4	5
RESPECT FROM PEERS	1	2	3	4	5
MOTIVATION	1	2	3	4	5
FLEXIBILITY	1	2	3	4	5
ENTHUSIASM	1	2	3	4	5
PROFESSIONALISM	1	2	3	4	5
INITIATIVE	1	2	3	4	5

COMMENTS:

Signature and Title of recommender

Date

HOSA ACTIVITY VERIFICATION FORM

I, _____ as the local advisor for
HOSA advisor's name

_____ verify that all information
HOSA student's name

regarding this student's HOSA activities are true to the best of my knowledge.

 HOSA Advisor's Signature

 Date

 HOSA Student's Signature

 Date

STUDENT CHECK LIST

1	List of HOSA Competition participation (with dates).
2	Outline of HOSA activities (may NOT be in resume format).
3	Official current transcript of student's academic record. (MUST be converted to a 4.0 scale). An official stamp or embossed seal must be on the transcript. The transcript MUST be in a sealed envelope with an official stamp or embossed seal across the envelope seal.
4	Outline of community service activities (may NOT be in resume format). Include dates. These must be activities outside of any school activities.
5	Essay describing career goals and plans to accomplish these goals.
6	Two letters of recommendation (page E-4); each must be in a sealed envelope and have the recommender's signature across the sealed flap.
7	Scholarship Application Form
8	Advisor HOSA Verification Form and Student Check List with appropriate signatures.
9	Application MUST be sent to the State Advisor, Belinda Mahone, 155 Hunter's Glen Drive, Waxahachie, Texas 75167, postmarked on or before the area registration deadline. On the outside of the envelope write "Attention Scholarship Committee".

HOSA, TA AREA SCHOLARSHIP RATING SHEET

CRITERIA	POINTS POSSIBLE	POINTS EARNED
1. HOSA Competition (20 points maximum/10 points per year) (5 pts for area/5 pts for state)	20 points	_____
2. Participation in HOSA (30 points maximum) Involvement in 5 activities Involvement in 4 activities Involvement in 3 activities Involvement in less than 2 or less activities	30 points 25 points 20 points 10 points	_____ _____ _____ _____
3. Grades (20 points maximum) A average 3.6 - 4.0 B average 3.2 - 3.59 C average 2.8 - 3.19	20 points 15 points 10 points	_____ _____ _____
4. Community Service Activities (20 points maximum) Major involvement- 4 activities Moderate involvement- 3 activities Minimal involvement- 2 activities Little involvement- 1 activity	20 points 15 points 10 points 5 points	_____ _____ _____ _____
5. Essay (30 points maximum) Addressed prompt and free of grammatical errors	30 points	_____
6. 2 Letters of Recommendation Take average of scores given in each recommendation letter for maximum of 10 points	10 points	_____
MAXIMUM POINTS = 130	TOTAL =	_____
70% MINIMUM REQUIRED = 91		

COMMENTS:

Evaluator's Signature

Date

HOSA, TA STATE SCHOLARSHIP APPLICATION

Name _____ Advisor _____
Home Address _____ School _____
City, State, Zip _____ City, State, Zip _____
Home Phone (____) _____ School Phone (____) _____

The purpose of the state scholarships is to provide financial assistance to an outstanding Health Science student who desires to further his or her education in a health career.

Selection of scholarship recipients is based on:

1. Applicant must be a member in good standing with the HOSA, Texas Association who will complete the requirements for graduation from high school before September 1 of the year in which the scholarship is awarded. Applicant must be registered for state conference.
2. An **official** current transcript of the student's academic record (**MUST be converted to a 4.0 scale.**) An official stamp or embossed seal must be on the transcript. The transcript **MUST** be in a sealed envelope with an official stamp or embossed seal across the seal of the envelope.
3. An outline of student's HOSA and other community service activities with Verification Form (E-9).
4. Two letters of recommendation (see page E-8) from someone associated academically or from applicant's employment, and any other source other than a relative. Each recommendation must be in a sealed envelope. The person who wrote the recommendation must put his/her signature across the sealed flap of the envelope.
5. Applicants must submit an essay describing what contributions they expect to make to the health professions and why they should be selected as the recipient of a state scholarship. The essay should be two to three typed/word processed double-spaced pages in length. Spelling, grammar and sentence structure will be evaluated.
6. Completed scholarship applications must be sent to the State Advisor, Belinda Mahone, 155 Hunter's Glen Drive, Waxahachie, Texas 75167 postmarked on or before the registration deadline. **NO LATE OR INCOMPLETE APPLICATIONS WILL BE ACCEPTED.**
7. A minimum of 70% of the possible points **MUST** be obtained to be considered for the scholarship.
8. State scholarships will be evaluated by an independent scholarship committee.
9. Payment of the scholarship will be made to the institution the recipient is attending after proof of enrollment has been received at the HOSA, TA office from the postsecondary institution verifying 30 days of enrollment.
10. Failure by the student to notify the HOSA, TA of postsecondary enrollment status by December 31 of the year in which the scholarship is awarded will result in forfeiture of the entire scholarship.

HOSA, TA STATE SCHOLARSHIP RECOMMENDATION LETTER

For your convenience, listed below are descriptive words or phrases that are frequently used to describe a scholarship applicant. Please rank the student by circling the most appropriate number from 1 to 5:

- 1 = average
- 2 = above average
- 3 = superior
- 4 = within the top 10% of students known
- 5 = within the top few students ever known

DEPENDABILITY	1	2	3	4	5
COMMUNICATION with peers/professionals	1	2	3	4	5
LEADERSHIP	1	2	3	4	5
HONESTY	1	2	3	4	5
RESPECT FROM PEERS	1	2	3	4	5
MOTIVATION	1	2	3	4	5
FLEXIBILITY	1	2	3	4	5
ENTHUSIASM	1	2	3	4	5
PROFESSIONALISM	1	2	3	4	5
INITIATIVE	1	2	3	4	5

COMMENTS:

Signature and Title of recommender

Date

HOSA Activity Verification Form

I, _____ as the local advisor for
HOSA advisor's name

_____ verify that all information
HOSA student's name

regarding this student's HOSA activities are true to the best of my knowledge.

 HOSA Advisor's Signature _____
Date

 HOSA Student's Signature _____
Date

STUDENT CHECK LIST

	1	List of HOSA Competition participation (with dates).
	2	Outline of HOSA activities (may NOT be in resume format).
	3	Official current transcript of student's academic record. (MUST be converted to a 4.0 scale) . An official stamp or embossed seal must be on the transcript. The transcript MUST be in a sealed envelope with an official stamp or an embossed seal across the seal of the envelope.
	4	Outline of Community Service Activities (may NOT be in resume format). Include dates. These must be activities outside of an school activities.
	5	Essay describing career goals and plans to accomplish these goals.
	6	Two letters of recommendation (page E-4); each must be in a sealed envelope and have the recommender's signature across the sealed flap.
	7	Scholarship Application Form
	8	Advisor HOSA Verification Form and Student Check List with appropriate signatures.
	9	Application MUST be sent to the State Advisor, Belinda Mahone, 155 Hunter's Glen Drive, Waxahachie, Texas 75167, postmarked on or before state registration deadline.

HOSA, TA STATE SCHOLARSHIP RATING SHEET

CRITERIA	POINTS POSSIBLE	POINTS EARNED
1. HOSA Competition (20 points maximum/10 points per year) (5 pts for area/5 pts for state)	20 points	_____
2. Participation in HOSA Activities outside of competition (30 points maximum) Involvement in 5 activities Involvement in 4 activities Involvement in 3 activities Involvement in 2 or less activities	30 points 25 points 20 points 10 points	_____ _____ _____ _____
3. Grades (20 points maximum) A average 3.6 – 4.0 B average 3.2 – 3.59 C average 2.8 – 3.19	20 points 15 points 10 points	_____ _____ _____
4. Community Service Activities (20 points maximum) Major involvement- 4 activities Moderate involvement- 3 activities Minimal involvement- 2 activities Little involvement- 1 activity	20 points 15 points 10 points 5 points	_____ _____ _____ _____
5. Essay (30 points maximum) Addressed prompt and free of grammatical and spelling errors	30 points	_____
6. Letters of Recommendation Take average of scores given in each recommendation letter for maximum of 10 points	15 points	_____
MAXIMUM POINTS = 130	TOTAL =	_____
70% MINIMUM REQUIRED = 91		

COMMENTS:

Evaluator's Signature/Date _____

HOSA, TA

POSTSECONDARY/COLLEGIATE

STATE SCHOLARSHIP APPLICATION

Name _____ e-mail _____
Permanent Address _____ PS/C Institution _____
City, State, Zip _____ City, State, Zip _____
Home Phone (____) _____ PS/C Institution Phone (____) _____

The purpose of the state scholarships is to provide financial assistance to an outstanding postsecondary/collegiate HOSA member who is continuing his/her education at a postsecondary institution. Selection of scholarship recipients is based on:

1. Applicant must be a member in good standing with HOSA, Texas Association. Applicant must be registered for State Conference.
2. An **official** current transcript of the student's academic record (**MUST be converted to a 4.0 scale.**) An official stamp or embossed seal must be on the transcript. The transcript **MUST** be in a sealed envelope with an official stamp or embossed seal across the envelope seal.
3. An outline of the student's HOSA and community service activities.
4. Letters of recommendation from the following: a postsecondary instructor, an advisor, an employer; and any other source other than a relative. Recommendations must be submitted on form E-12). Each recommendation must be in a sealed envelope. The person who wrote the recommendation must put his/her signature across the sealed flap of the envelope.
5. Applicants must submit an essay describing what contributions they expect to make to the health professions, their community involvement at the postsecondary level, and why they should be selected as the recipient of a state scholarship. The essay should be two to three typed/word processed double-spaced pages in length. Spelling, grammar and sentence structure will be evaluated.
6. Completed scholarship applications must be sent to the State Advisor, Belinda Mahone, 155 Hunter's Glen Drive, Waxahachie, Texas 75167 and postmarked on or before the registration deadline. **NO LATE OR INCOMPLETE APPLICATIONS WILL BE ACCEPTED.**
7. A minimum of 70% of the possible points **MUST** be obtained to be considered for the scholarship.
8. State scholarships will be evaluated by an independent scholarship committee
9. Payment of the scholarship will be made to the institution the recipient is attending after proof of enrollment has been received at the HOSA, TA office from the postsecondary institution verifying enrollment.
10. Failure by the student to notify the HOSA, TA of enrollment status by December 31 of the year in which the scholarship is awarded will result in forfeiture of the entire scholarship.

HOSA, TA PS/C STATE SCHOLARSHIP RECOMMENDATION LETTER

For your convenience, listed below are descriptive words or phrases that are frequently used to describe a scholarship applicant. Please rank the student by circling the most appropriate number from 1 to 5:

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DEPENDABILITY	1	2	3	4	5
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LEADERSHIP	1	2	3	4	5
HONESTY	1	2	3	4	5
RESPECT FROM PEERS	1	2	3	4	5
MOTIVATION	1	2	3	4	5
FLEXIBILITY	1	2	3	4	5
ENTHUSIASM	1	2	3	4	5
PROFESSIONALISM	1	2	3	4	5
INITIATIVE	1	2	3	4	5

COMMENTS:

Signature and Title of recommender

Date

HOSA ACTIVITY VERIFICATION FORM

I, _____ as the PS/C advisor for
HOSA advisor's name

_____ verify that all information
HOSA student's name

regarding this student's HOSA activities are true to the best of my knowledge.

_____ Date
HOSA Advisor's Signature

_____ Date
HOSA Student's Signature

STUDENT CHECK LIST

1	List of HOSA Competition participation (with dates).
2	Outline of HOSA activities (may NOT be in resume format).
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5	Essay describing career goals and plans to accomplish these goals.
6	Two letters of recommendation (page E-4); each must be in a sealed envelope and have the recommender's signature across the sealed flap.
7	Scholarship Application Form
8	Advisor HOSA Verification Form and Student Check List with appropriate signatures.
9	Application MUST be sent to the State Advisor, Belinda Mahone, 155 Hunter's Glen Drive, Waxahachie, Texas 75167, postmarked on or before the area registration deadline.

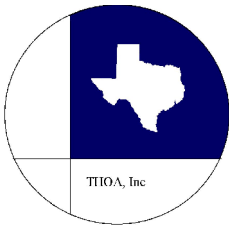
HOSA, TA PS/C STATE SCHOLARSHIP RATING SHEET

CRITERIA	POINTS POSSIBLE	POINTS EARNED
1. Participation in HOSA (40 points maximum) Involvement in 5 activities Involvement in 4 activities Involvement in 3 activities Involvement in 2 or less	40 points 30 points 20 points 10 points	_____ _____ _____ _____
2. GPA (30 points maximum) 3.6 - 4.0 3.0 - 3.5 2.8 - 2.9	30 points 20 points 10 points	_____ _____ _____
3. Community Involvement (Non-HOSA) (20 points maximum) Major involvement- 4 activities Moderate involvement- 3 activities Minimal involvement- 2 activities Little involvement- 1 activity	20 points 15 points 10 points 5 points	_____ _____ _____ _____
4. Essay (30 points maximum)	30 points	_____
5. Letters of Recommendation (5 points each, 10 points maximum)	10 points	_____
MAXIMUM POINTS = 130	TOTAL =	_____
70% MINIMUM REQUIRED = 91		

Comments:

Signature of Evaluator

Date



Sue Alder Scholarship

The Sue Alder foundation was established in 1974 to honor the late Miss Sue Alder, former chief consultant, Health Occupations Education, Texas Education Agency. Because of her love for young people, she, among others, let the way toward initiation of the first recognized vocational youth organization for health occupations students in the United States. Scholarship funds are used to provide scholarship grants to HOSA members who desire to further their education in a health career. This \$1000 scholarship is awarded once a year, at the HOSA, TA's State Leadership Conference. For information, go to www.texashte.com and click on THOA.



Health Occupations Students of America

Scholarships are available to either a senior secondary or postsecondary students who plans to continue or further his/her education in the health care field. . There are numerous scholarships available through National HOSA. For more information and application forms go to www.hosa.org and click on scholarships for instructions as to how to apply.

11. 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, and TX 75028.
12. There is no limit to the number of applications per school or per state association.
13. Applications must be **RECEIVED** no later than May 15 for consideration. Late arrivals will not be considered.

Other Scholarship Opportunities



Visit www.ctat.org for scholarship opportunities.