



HOSA, TA SCHOLARSHIP OPPORTUNITIES

SECTION E

Revised August 2007

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

2006-2007

Area I	\$1,500.00 Carina Barsch Rebecca Tieman	Fredericksburg High School Fredericksburg High School
Area II	\$1,000.00 Clarissa Moreno John Cuenca Michelle Sears	Sinton High School De Bakey High School Friendswood High School
Area III	\$1,000.00 Sejal Ramales Tuyen Tran \$500.00 Myra Esainal Erika Ortez	North Garland High School North Garland High School Duncanville High School Duncanville High School
Area IV	\$1,000.00 Viridianna Rodriquez Obed Hernandez-Gomez Marisa Peters	Bel Air High School Bel Air High School Bel Air High School
Area V	\$1,000.00 Shingmei Chang Zehra Farzal Zainab Farzal	Arlington High School Plano Senior High School Plano Senior High School
Area VI	\$1,000.00 Angela Kay Amanda Bobb Lauren Mandola	Hardin Jefferson High School Hardin Jefferson High School Tom Ball High School
Area VII	\$1,000.00 Felicia Cirlos Jane Lee Norma Mata	La Joya Senior High School South Texas HSHP La Joya Senior High School
State Scholarships	2,500.00 Carena Barsch Norwin Mascarenhas Amarette Edmonson	Fredericksburg High School Plano Senior High School Boerne High School
Post-Secondary	Mahmuder Farha	University Texas Arlington

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 Technology Education 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.
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 the registrar's signature across the envelope seal.
3. An outline of student's HOSA & other extracurricular 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 during the area conference on-site registration. **NO LATE APPLICATIONS WILL BE ACCEPTED.**
7. Scholarships will be reviewed by at least two members of the Visiting Board of Directors. No reviewers may have students applying for a scholarship.
8. 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.
9. Failure by the student to notify the HOSA, TA State Advisor 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, TA AREA SCHOLARSHIP RATING SHEET

CRITERIA	POINTS POSSIBLE	POINTS EARNED
1. HOSA Competition (20 points maximum) (10 points/year)	20	_____
2. Participation in HOSA (30 points maximum) Involvement in 5 activities Involvement in 4 activities Involvement in 3 activities Involvement in less than 2 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 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	_____ _____ _____ _____
5. Essay (30 points maximum)	30 points	_____
6. Letters of Recommendation (5 points each, 10 points maximum)	10 points	_____
MAXIMUM POINTS = 130	TOTAL =	_____

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 Technology Education 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.
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 the registrar's signature across the envelope seal.
3. An outline of student's HOSA & other extracurricular activities with Verification Form (E-9).
4. Three letters of recommendation (see page E-8) from an advisor, or principal; an employer; 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.
6. Completed scholarship applications MUST be submitted during the state conference on-site registration. NO LATE OR INCOMPLETE APPLICATIONS WILL BE ACCEPTED.
7. Scholarships will be evaluated by the HOSA, TA Board of Directors Scholarship Committee. The scholarship committee shall make the final decision as to the scholarship recipient. If a member of the scholarship committee has a student that has submitted a scholarship application, that member shall not serve on the selection committee.
8. 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 State Advisor 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. Scholarship Application Form.
- _____ 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 the registrar's signature across the envelope seal.
- _____ 3. Outline of HOSA and other extracurricular activities.
- _____ 4. Letters of recommendation (1-3), each must be in a sealed envelope and have the recommender's signature across the sealed flap.
- _____ 5. Essay.
- _____ 6. Advisor HOSA Activity Verification Form and Student Check List with appropriate signatures.

All of the above criteria are complete and are attached to the application form.

HOSA Student's Signature

Date

HOSA, TA STATE SCHOLARSHIP RATING SHEET

CRITERIA	POINTS POSSIBLE	POINTS EARNED
1. HOSA Competition (20 points maximum) (10 points/year)	20	_____
2. Participation in HOSA (30 points maximum) Involvement in 5 activities Involvement in 4 activities Involvement in 3 activities Involvement in less than 2 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 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	_____ _____ _____ _____
5. Essay (30 points maximum)	30 points	_____
6. Letters of Recommendation (5 points each, 15 points maximum)	15 points	_____
MAXIMUM POINTS = 135	TOTAL =	_____

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.
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 the registrar's signature across the envelope seal.
3. An outline of the student's HOSA & other extracurricular 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 (Minimum 1, Maximum 3). 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.
6. Completed scholarship applications MUST be submitted during the state conference on-site registration. NO LATE OR INCOMPLETE APPLICATIONS WILL BE ACCEPTED.
7. Scholarships will be evaluated by the HOSA, TA Board of Directors Scholarship Committee. The scholarship committee shall make the final decision as to the scholarship recipient. If a member of the Scholarship committee has a current or former student that has submitted a scholarship application, that member shall not serve on the selection committee.
8. 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.
9. Failure by the student to notify the HOSA, TA Postsecondary State Advisor of enrollment status by December 31 of the year in which the scholarship is awarded will result in forfeiture of the entire scholarship.

Contact State Advisor:

Patricia Brown
State Advisor
669 Lakeview Drive
Denison, Texas 75020
1-866-679-2961 / txhosa@texoma.net

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:

- 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	1	2	3	4	5
with peers/professionals					
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.

HOSA Advisor's Signature Date

HOSA Student's Signature Date

STUDENT CHECK LIST

- _____ 1. Scholarship Application Form.
- _____ 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 the registrar's signature across the envelope seal.
- _____ 3. Outline of HOSA and other extracurricular activities.
- _____ 4. Letters of recommendation (1-3), each must be in a sealed envelope and have the recommender's signature across the sealed flap.
- _____ 5. Essay.
- _____ 6. Advisor HOSA Activity Verification Form and Student Check List with appropriate signatures.

All of the above criteria are complete and are attached to the application form.

HOSA Student's Signature Date

HOSA, TA PS/C STATE SCHOLARSHIP RATING SHEET

CRITERIA	POINTS POSSIBLE	POINTS EARNED
1. Participation in HOSA (30 points maximum) Involvement in 5 activities Involvement in 4 activities Involvement in 3 activities Involvement in less than 2 activities	30 points 25 points 20 points 10 points	_____ _____ _____ _____
2. GPA (20 points maximum) A average 3.6 - 4.0 B average 3.0 - 3.5 C average 2.5 - 2.9	20 points 15 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, 15 points maximum)	15 points	_____
MAXIMUM POINTS = 115	TOTAL =	_____

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.texashste.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.

- 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.
- There is no limit to the number of applications per school or per state association.
- 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.