

Alaska HOSA

Scholarship Application

Revised for 2018

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

- Alaska CTSO
- 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 high school senior Alaska-HOSA members who plan to continue or further their education in the health professions.
2. All scholarship materials must be scanned and sent as one pdf document. This includes letters of reference, etc. Incomplete applications will not be considered.
3. All applications must be typed or word-processed. 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 emailed directly to:
Andrea Gelvin, agelvin@gci.net.
5. There is no limit to the number of applications per school or per state association.
6. Applications must be **RECEIVED no later than March 6th** 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 at the Alaska CTSO PBAC, State HOSA Conference.
8. Checks for monetary awards will be presented to HOSA members at the Alaska CTSO PBAC, State HOSA Conference. If award recipients are not in attendance, checks will be mailed to the address provided on the scholarship application. Scholarship recipients in attendance 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 Alaska CTSO PBAC, State HOSA Conference in order to receive their award.

CRITERIA

1. Applicants must be in pursuit of becoming a health professional and be an Alaska-HOSA member.

2. The scholarship application packet must include the following:
 - **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).

 - **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 or volunteer supervisor
 - Any other source other than a relative

 - **Personal Statement.** Applicants must submit a one (1)-page statement to include the following information.

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 as a series of pages scanned into one pdf. Incomplete applications will not be considered.

ALASKA HOSA Scholarship Application Form

NAME: _____

HOSA DIVISION: **Secondary**

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: _____

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

Please check if you are a state officer.

Attach the following:

Further Education Intent

Leadership Activities

Community Involvement

References

Personal Statement

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.)

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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

FYI 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. **Membership:** 20 points maximum

HOSA Membership- Five Points per year, 10 Max	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 _____

TOTAL POINTS _____

Comments: