

# FLORIDA HOSA FOUNDATION, INC. SCHOLARSHIP APPLICATION FORM

NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

HOME PHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_

SCHOOL \_\_\_\_\_  
(school name) (address)

\_\_\_\_\_  
(advisor) (program name)

## POSTSECONDARY INSTITUTION and HEALTH RELATED FIELD YOU PLAN TO USE THE SCHOLARSHIP FOR:

\_\_\_\_\_  
(institution) (program)

Already accepted into program? YES NO

## REFERENCES (include name and address)

1. \_\_\_\_\_

2. \_\_\_\_\_

## MANDATORY ITEMS TO BE PROVIDED BEFORE APPLICATION CAN BE CONSIDERED:

- \_\_\_ Proof of HOSA membership for the current school year
- \_\_\_ Official transcript
- \_\_\_ Current grades
- \_\_\_ Letter of reference from HOSA Advisor
- \_\_\_ At least two letters of reference in addition to the letter submitted by the HOSA advisor.
- \_\_\_ Activities summary to include HOSA involvement, leadership activities, and community involvement.
- \_\_\_ Essay (350-750 words) describing why you have chosen a health career, occupational goals, personal goals, and other information such as financial need that may assist in the selection process.

## PROCEDURE

1. The scholarship is available to any Florida HOSA, Inc. member who is either a senior secondary and/or postsecondary student who plans to continue on to a Florida postsecondary institution to enroll in a health occupations program. If you are planning to enroll in an educational institution outside of Florida or are not planning to enroll in a health occupations program, please be advised that you will not be eligible to use the funds.
2. The amount and number of scholarships available will be established by the Florida HOSA Foundation, Inc. Board of Directors and is based on the amount of interest earnings available through the investments of the Foundation and through donations made to the Foundation for the purpose of scholarships.
3. All applications, essays, and supportive material must be typed, grammatically correct, and complete for acceptance and review by the Florida HOSA Foundation Application Review Committee.
4. References should include individual's knowledge of the applicant's scholarship, leadership ability, use of inter-personal skills, character, and/or need for the scholarship.
5. The "Scholarship Application Form", activities summary, proof of membership, current grades and essay will be postmarked no later than February 15. If February 15 is a Sunday or legal holiday, materials must be postmarked by the first working day after February 15. It is the responsibility of the applicant to meet the deadline.
6. Supportive materials including transcripts and references must be postmarked by February 28. If February 28 is a Sunday or legal holiday, materials must be postmarked by the first working day after February 28. **Applicants are strongly encouraged to request transcripts and references in late January to avoid delays.**
7. All mandatory items must be available by the February 28 deadline for the application to be considered for further review by the committee.
8. Mail all materials to:  
  
Judy Conlin, R.N.M.S.  
State HOSA Foundation Manager  
2774 Tallavana Trail  
Havana, FL 32333
9. The Application Review Committee will make the final decision on the selected scholarship candidates by March 15. The scholarship winner(s) will be announced at the annual HOSA State Leadership Conference.
10. The monetary award will be forwarded to the selected Florida school upon documentation from the school that the recipient is currently enrolled in a health occupations related program of study for the academic year beginning with the fall semester.
11. Scholarship winners may apply for renewal by providing the same documentation as first-time applicants.

# SCHOLARSHIP APPLICATION EVALUATION CRITERIA

## Stage I. MANDATORY ITEMS

- All items are provided by deadlines Yes No  
(Note: A NO answer in Stage 1 removes the application from further consideration)

## Stage II. COMMITTEE RATINGS

- Each item has a weight factor that will be multiplied by the rating of the committee members. Rating values range from 0 to 5.
  - 0 = No Value. No information available to rate.
  - 1-2 = Poor. Establishes marginal to unsatisfactory meeting of the criteria.
  - 3 = Average. Established adequate capability to meet the criteria.
  - 4 = Good. Established an above-average capability to meet the criteria.
  - 5 = Excellent. Established an exceptional ability to meet the criteria and be a superior scholarship candidate in this area.

### AREAS TO BE RATED

#### **Transcript:**

Secondary transcripts will be rated on honor/AP courses and grades, grades in health occupations courses, cumulative GPA and current grades

Postsecondary transcripts will be rated on health occupations courses and grades

#### **Activities Summary:**

Should be typed, comprehensive, and include the areas requested

#### **HOSA Involvement:**

To include event participation, leadership including offices, committee chairmanships, and community involvement

#### **Other Leadership Activities:**

To include leadership activities outside of HOSA and offices held in other organizations

#### **Other Community Involvement:**

To include number and variety of activities, recency of involvement, and volunteer hours

#### **Essay:**

To include reason to choose a health career, occupational goals, personal goals, and other information to help committee select the best candidate. The essay should be typed, exhibit proficient use of written communication skills, and be generally neat in appearance.

# SCHOLARSHIP APPLICATION EVALUATION CRITERIA

NAME:		S      PS		
A	B	C	D	E
RATING AREA	WEIGHT FACTOR	REVIEWER RATING	REVIEWER RATING	SCORE (Col B x C) (Col B x D)
<b>TRANSCRIPT</b>				
◆ Honors/AP Courses and Grades (secondary only)	5			C   D
◆ Health Occupations GPA	5			
◆ Cumulative GPA (secondary only)	3			
◆ Current Grades (secondary only)	3			
<b>ACTIVITIES SUMMARY</b>				
◆ Typed, Neat Appearance	1			
◆ Complete	2			
<b>HOSA INVOLVEMENT</b>				
◆ Leadership Activities	5			
◆ Event Participation	4			
◆ Community Involvement	3			
<b>OTHER LEADERSHIP ACTIVITIES</b>				
◆ Offices Held	3			
◆ Leadership Activities	3			
<b>OTHER COMMUNITY INVOLVEMENT</b>				
◆ Number of Activities	3			
◆ Variety of Activities	3			
◆ Volunteer Hours	2			
◆ Recency of Involvement	1			
<b>ESSAY</b>				
◆ Reason for Health Career	5			
◆ Occupational Goals	5			
◆ Personal Goals	3			
◆ Other Factors	2			
◆ Format - grammar, etc.	2			
<b>TOTAL SCORE</b> (Average of total scores by Reviewers C & D)			<b>AVERAGE SCORE</b>	
<b>COMMENTS:</b>				