

FLORIDA HOEAF 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 the 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

_____ Proof of Advisor's HOEAF Membership

_____ Official transcript

_____ Current grades

_____ Letter of Reference from your HOSA Advisor/HOEAF Member

_____ 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 member who is either a senior secondary and/or postsecondary student who plans to continue on to further education in the health related field at a Florida institution. The student's advisor must be a HOEAF member.
2. The amount and number of scholarships available will be established by the HOEAF 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 HOEAF 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 March 1. If March 1 is a Sunday or legal holiday, materials must be postmarked by the first working day after March 1. It is the responsibility of the applicant to meet the deadline.
6. Supportive materials including transcripts and references must be postmarked by March 15. If March 15 is a Sunday or legal holiday, materials must be postmarked by the first working day after March 15. **Applicants are strongly encouraged to request transcripts and references in early February to avoid delays.**
7. All mandatory items must be available by the March 15 deadline for the application to be considered for further review by the committee.
8. Mail all materials to:

Marilyn Goodman, RN, MSN, MBA, HCM
HOEAF President
1710 E. Gibson Street
Arcadia, FL 34266
9. The Application Review Committee will make the final decision on the selected scholarship candidates by March 30. The scholarship winner(s) will be announced at the annual HOSA State Leadership Conference.
10. The monetary award will be forwarded to the selected 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

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

Activities Summary:

Should be typed, comprehensive, and include the areas requested

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.

Name:		Secondary		Postsecondary	
Column A Rating Area	Column B Weight Factor	Column C Reviewer 1 Rating	Column D Reviewer 2 Rating	Column E Score	
				(Column B x C)	(Column B x D)
TRANSCRIPT					
- Honors/AP Courses and Grades (secondary only)	5				
- Health Occupations GPA	5				
- Cumulative GPA (secondary only)	3				
- Current Grades (secondary only)	3				
ACTIVITIES SUMMARY					
- Typed, Neat Appearance	1				
- Complete	2				
HOSA INVOLVEMENT					
- Leadership Activities	5				
- Event Participation	4				
- Community Involvement	3				
OTHER LEADERSHIP ACTIVITIES					
- Offices Held	3				
- Leadership Activities	3				
OTHER COMMUNITY INVOLVEMENT					
- Number of Activities	3				
- Variety of Activities	3				
- Volunteer Hours	2				
- Recency of Involvement	1				
ESSAY					
- Reason for Health Career	5				
- Occupational Goals	5				
- Personal Goals	3				
- Other Factors	2				
- Format - grammar, etc.	2				
TOTAL SCORE					
AVERAGE SCORE(Average of Total Scores by Reviewers 1 & 2)					
COMMENTS:					