** Tennessee HOSA**

**Scholarship Application Form**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME ADDRESS:

HOME PHONE:

E-MAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SCHOOL NAME: SCHOOL ADDRESS

CITY STATE ZIP

CAREER GOAL (Be specific as to career area – 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LOCAL HOSA ADVISOR:

**Transcript Information** (20 points)

Indicate Grade Point Average (GPA) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (on a 4.0 non-weighted scale)

(If in an Honor’s Program, please convert your GPA to a 4.0 scale.)

Rank in Class \_\_\_\_\_\_\_\_\_\_\_ No. in Class \_\_\_\_\_\_\_\_\_\_\_\_\_

Indicate SAT and ACT scores, if available. (If not available, leave blank.)

SAT scores: Critical Reading: \_\_\_\_\_\_ ACT cumulative scores: \_\_\_\_\_\_\_\_\_\_

Math: \_\_\_\_\_\_

Writing: \_\_\_\_\_\_

Please check if you belong to the following school organization:

🞎 National Technical Honor Society

List awards, honors or educational societies that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

indicate the quality of your academic performance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attach the following:

|  |  |
| --- | --- |
| 🞎 Transcript | 🞎 Community Involvement |
| 🞎 Further Education Intent | 🞎 References |
| 🞎 Leadership Activities | 🞎 Essay |

🞎 Photo is Optional: Please attach a picture with the application to be used in press releases announcing the scholarship recipients.

**References** - list name of person submitting letter for each category below: (9 points)

1. A teacher, advisor, principal, or

director of the Health Science program. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. An employer or community leader. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. 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**

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**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.**

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**2012-2013 Scholarship Essay Topic:** (26 points)

Please write an essay (300 words maximum) answering the following questions:

How has HOSA: Future Health Professionals been beneficial to your personal development?

Describe your future career goals, and discuss how HOSA: Future Health Professionals has helped to prepare you for your chosen field.