

ILLINOIS HOSA FOUNDATION SCHOLARSHIP APPLICATION FORM

The information requested in this application will help the Illinois HOSA Foundation Scholarship Committee determine your qualification for a scholarship. Therefore, it is to your advantage to give as complete and accurate answers as possible to all questions.

Your answers will be seen only by authorized persons who are concerned with this scholarship program and will be held in confidence by them.

PERSONAL INFORMATION

Name: _____ Date: _____
Last First Middle

Permanent Address: _____ Date of Birth: _____
Street

_____ Check one: High school senior
City State Zip Post-Secondary Appl.

Phone Number: () _____ - _____ E-mail address: _____

Spouse's Name: _____ Number of Children: _____

Applicant Occupation: _____ Full time Part time check one

Father's Name: _____ Phone: _____ - _____ - _____

Address: _____

Mother's Name: _____ Phone: _____ - _____ - _____

Address: _____

Scholastic Achievement:

Last High School Attended: _____

Address: _____

Phone: () _____ - _____ Graduation Date: _____ HOSA Member _____ yrs.

HOSA Chapter Advisor: _____ Phone: _____

High School Transcript GPA Scale: (4.0 or 5.0): _____ Cumulative GPA: _____
Attach transcript

Post-Secondary Information :

College Attending: _____ Expected Grad. Date: _____

College Major: _____ Credit Hrs. Enrolled: _____

Status: Full time Part time (check one) Cumulative GPA: _____
(Attach transcript)

College Transcript GPA Scale: (4.0 or 5.0) _____

Other Programs or Colleges Attended: _____

Community Involvement and Leadership: (Other than health-related activities)
List **no more than 8** community organizations in which you have participated.

<u>Name of Organization</u>	<u>Hr./Wk.</u>	<u>Position Held</u>	<u>Honors/Awards</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Letters of Recommendation: Three (3) letters are required. List source's name, position, and category which they represent. At least one source must be chosen from Category A or B. Submit letters with the application.

<u>Name</u>	<u>Position</u>	<u>Category</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Essay: *Topic: Why I Selected my Health Care Career.* The essay must be typed, double-spaced, and submitted with the application. In 350 words or less, discuss the reason(s) you chose your particular health care field, career, and expectations.

Signature of Applicant: _____ **Date:** _____

**HEALTH OCCUPATIONS STUDENTS OF AMERICA
ILLINOIS HOSA SCHOLARSHIP RATING SHEET**

Applicant's Name: _____ High School Senior/ Post-Secondary (circle)

1. Scholastic Achievement:	Points
A Average	20 _____
B Average	15 _____
C Average	10 _____
Class Rank Upper 1/3 of class	15 _____
Middle 1/3 of class	10 _____
Lower 1/3 of class	05 _____
ACT Score _____ (21 or higher)	05 _____
2. Work/Volunteer Experience (health care field)	
Points weighted, maximum of 20	
Work Experience in a Health Care Field	1-20 points _____
Volunteer Experience in a Health Care Field	1-20 points _____
3. HOSA Involvement:	
Involvement in chapter activities	05 _____
Officer	05 _____
Honors/Awards	05 _____
Conference Attendance (state 5, national 5)	5-10 _____
4. Extracurricular Activities and Leadership (other than HOSA)	
Involvement in 4 or more school activities	20 _____
Officer	05 _____
Involvement in 1-3 school activities	15 _____
Officer	05 _____
Honors/Awards	05 _____
5. Community Involvement and Leadership:	
Involvement in 4 or more activities	20 _____
Officer	05 _____
Involvement in 1-3 activities	15 _____
Officer	05 _____
Honors/Awards	05 _____
6. Essay: Content points weighted to maximum 20	
Content (Logical coherent discussion of topic)	1-20 _____
350 Words or less	03 _____
Typed and double-spaced	02 _____

TOTAL PTS. _____

Additional Comments:

Evaluated by: _____