



Illinois H O S A Foundation, Inc.

SCHOLARSHIP APPLICATION

Revised for 2011

PROCEDURE

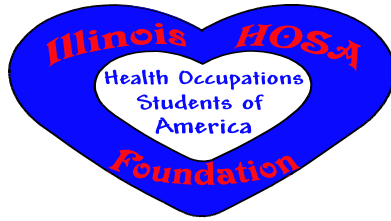
1. Scholarships are available to either a senior secondary or postsecondary student who plans to continue or further his/her education in the health care field.
2. All scholarship materials must be mailed together in one envelope. This includes letters of reference, transcript, etc. Incomplete applications will not be considered.
3. All applications must be typed, word-processed, or legible handwriting. All applications must be grammatically correct and complete for acceptance and review by Selection Committee.
4. All applications are to be submitted by the student applicant and mailed directly to **Kathryn Torricelli, 3225 Red Oak Lane, Springfield, IL 62712**
5. There is no limit to the number of applications per school.
6. Applications must be **RECEIVED NO LATER than FEBRUARY 1st** for consideration. Late arrivals will not be considered.
7. The Selection Committee will make the final decision on scholarship awards and scholarship recipients will be announced at the State Leadership Conference.
8. The amount and number of scholarships will vary from year to year.
9. Reimbursement: Immediately upon completion of their first semester (or term) as a full-time student (must carry a minimum 12 Hours), an official transcript must be sent to the Director of Finances: Karen Calligaris 1155 Park Boulevard Morris, Illinois 60450.

The transcript must reflect a grade point average of a "C" or above. Once the above requirements have been met, the Director of Finances will send the scholarship reimbursement to the college or school identified by the transcript.

10. The recipient is required to attend the SLC in order to receive his/her award.

CRITERIA

1. Applicants must be currently enrolled in a health occupations/health science education program and an active member of HOSA.
2. The scholarship application packet must include the following:
 - **Transcript** A current, official transcript.
 - **Leadership Activities and Recognition** A list of activities including: offices held, awards and honors, and HOSA involvement.
 - **Community Involvement** A listing of all community services activities, volunteer experiences, 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 the health profession and must be provided by any of the following:
 - A teacher, advisor, principal, or director of the Health Science program.
 - An employer, volunteer supervisor, or community leader
 - Any other source other than a relative.
 - **Personal Statement** Applicants must submit a 1-2 page statement to include the following information:
 - Why you have chosen to pursue a health career?
 - Include your career goal in your statement and be specific.
 - Financial need. (What the scholarship will enable you to do and why the scholarship is important to me.)



Illinois H O S A Foundation, Inc. Scholarship Application Form

NAME: _____ HOSA Division: _____

Home Address: _____

Home Phone: _____ E-MAIL: _____

School Name: _____

SCHOOL

ADDRESS

CITY

STATE

ZIP CODE

CAREER GOAL (Be specific as to health care area- nurse, physician, 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: _____

Local HOSA Advisor Name: _____

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

Attach the following:

Transcript

Leadership Activities

Essay

Community Involvement

References

References: (Include names, title, address)

1. _____

2. _____

3. _____