

**Overview:**

Nevada HOSA awards one scholarship annually to a graduating high school senior HOSA member. The amount of the 2018 scholarship is \$500. Nevada HOSA may award additional scholarship dollars at the discretion of the Board of Trustees as well as additional scholarships as sponsored by outside organizations, families, or individuals.

**Eligibility Criteria:**

Applicants for the scholarship must meet the following criteria:

- The recipient must be a graduating high school senior who is a registered and active member in good standing of his/her HOSA chapter.
- The applicant must have a minimum unweighted GPA of 3.25.
- Must be interested in a healthcare occupation.

**Application Materials:**

The scholarship application packet must include the following:

- Scholarship Application Form
- Official Transcript identifying unweighted GPA.
- Leadership Activities and Recognition – evidence of leadership, responsibility, and character through activities both within HOSA and outside of HOSA. This could include offices held, awards, honors, and experiences.
- Health Related Community Involvement – a listing of all health related community service activities, volunteer experience, etc.
- Evidence of HOSA participation and indication of number of years student has been a HOSA member.
- Personal Statement/Essay – the personal statement/essay should focus on the applicants experience in HOSA and how HOSA has shaped their future career plans.
- A letter of recommendation from the Local HOSA Advisor
- Send a black and white picture with your application. By submitting your application you agree that Nevada HOSA may use your photo in promotion of the Nevada HOSA scholarship.

**Scholarship Application Form:**

**Applicant Information:**

Name \_\_\_\_\_

HOSA Chapter \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Mobile Phone \_\_\_\_\_

Number of Years as a HOSA Member \_\_\_\_\_

College You Plan to Attend \_\_\_\_\_

Intended Major \_\_\_\_\_

Career Goal \_\_\_\_\_

**DEADLINE:**  
February 28  
(receipt)

**DO NOT MAIL!**

Materials should be scanned and uploaded online by clicking here:  
<http://bit.ly/2mdRHT0>

The following materials must be included with your application:

- Scholarship Application Form
- Transcript identifying unweighted GPA (unofficial is acceptable since file is being uploaded).
- A letter of recommendation from the Local HOSA Advisor
- The signed scholarship statement of assurance form
- Address the following in no more than two pages:
  - Leadership Activities and Recognition – evidence of leadership, responsibility, and character through activities both within HOSA and outside of HOSA. This could include offices held, awards, honors, and experiences.
  - Health Related Community Involvement – a listing of all health related community service activities, volunteer experience, etc.
  - Evidence of HOSA participation and indication of number of years student has been a HOSA member.
- Personal Statement/Essay – the personal statement/essay should focus on the applicants experience in HOSA and how HOSA has shaped their future career plans. The personal essay/statement should not exceed 500 words.

**Scholarship Statement of Assurance**

By signing below, the applicant, parent, school principal, and local HOSA advisor assure that:

- The applicant meets the minimum application criteria
- The applicant is an active member in good standing of the local HOSA program
- The applicant understands that their photo may be used to promote HOSA and the HOSA Scholarship
- All decisions of the scholarship award committee are final

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
HOSA Advisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date

## Scholarship Application Evaluation

Completed by Scholarship Review Team

Criteria	0 Points	1 point	2 points	3 points	4 points	5 points	Points Earned:
Leadership Activities	Is not included	Evidence of Leadership Participation	Evidence of Multiple Leadership Activities	Evidence of serving as an officer in leadership activities	Evidence of serving as an officer in multiple leadership activities	Outstanding evidence of participation in leadership activities	
Health Related Community Involvement	Is not included	Evidence of one community experience	Evidence of at least two community experiences	Evidence of serving as an officer in community events or serving as an organizer	Evidence of serving as an officer in multiple community activities	Outstanding evidence of participation in community activities	
Evidence of HOSA Leadership and Participation	Is not included	1-year member	2-year member	3-year or More Member	3-year or more member AND leadership roles		
Personal Statement/Essay	Is not included	Essay is completed	Essay is completed and free of errors	Essay is completed, free of errors, and provides evidence of leadership in HOSA	Essay is completed, free of errors, and demonstrates HOSA impact on student life and career plans	Essay is clearly outstanding	
Advisor Letter of Recommendation	Is not included					Is included	

Applicant Name \_\_\_\_\_

Evaluator Name \_\_\_\_\_

Total Score Received \_\_\_\_\_

\*Leadership in HOSA (chapter officer, state officer) is used to break a tie.