**ALABAMA ASSOCIATION**

**HOSA FUTURE HEALTH PROFESSIONALS**

**SCHOLARSHIP (Revised August 28, 2019)**

Any student in Alabama who meets the criteria may apply for a $500 Alabama Association, HOSA: Future Health Professionals Scholarship to be awarded at the HOSA State Leadership Conference.

**Criteria for Eligibility**

1. Applicant must have taken or be enrolled in a Health Science class in high school.
2. Applicant is a current member of an affiliated chapter of HOSA (national and state).
3. Applicant will graduate from high school during the school year the application is submitted.
4. Applicant will enroll, and major in a medical/health care profession, at a postsecondary or collegiate institution located in the United States which offers the declared

 program/degree to receive the scholarship.

1. Applicant will provide proof of acceptance in a postsecondary or collegiate institution prior to the scholarship being awarded.
2. Applicant must **upload** the necessary application components (application, photo, roster, and transcript) **to** [**TALLO**](https://www.tallo.com/) by the designated due date of **January 8th.**

**Procedures and Terms of Agreement**

1. Applicants must ELECTRONICALLY upload the application which includes the following:
2. Application Form (must be typed)
3. HOSA membership roster proving applicant’s affiliation
4. Transcript (including verification of ACT score and GPA converted **on a 4.0 scale**)
5. Digital Photograph (of head and shoulders only) to be displayed during the Recognition Session if awarded a scholarship
6. The application in its entirety must be uploaded at the [TALLO](https://www.tallo.com/) website by the deadline. Instructions for creating an account & using TALLO can be found on the national website at [www.hosa.org/tallo](http://www.hosa.org/tallo) and at <https://www.alabamahosa.org/resources/> “conferences” and “state qualifying events”
7. COMPLETED applications submitted via upload to TALLO by the deadline date will be scored by an education consultant, a business/industry partner, and a community representative or HOSA Alumni. No person shall serve on the selection committee who has a vested interest in an applicant. Final selection of the scholarship recipient will be based upon the attached rubric.
8. The scholarship recipient and their local HOSA advisor will be notified via E-mail prior to the HOSA State Leadership Conference. The student will receive a certificate and a “Verification of Enrollment Form” at the State Leadership Conference. The “Verification of Enrollment Form” must be completed by the institution the recipient will attend and must be returned to the HOSA State Advisor.

1. A check for $500 will be presented to the postsecondary or collegiate institution when enrollment in a medical/health care profession is verified with the “Verification of Enrollment Form” mailed to the HOSA State Advisor.
2. Applications that do not meet the requirements will not be scored.

**INSTRUCTIONS FOR COMPLETING THE APPLICATION**

Submit the following information to [TALLO](https://www.tallo.com/):

|  |  |
| --- | --- |
| [ ]  | Application Form (must be typed and submitted electronically) |
| [ ]  | A copy of your school transcript(MUST include verification of ACT score and GPA **on a 4.0 Scale)** |
| [ ]  | Photograph (of head and shoulders only, to be used in the PowerPoint at State Leadership Conference |
| [ ]  | **Provide the information requested below:**Name and phone number of the school personnel responsible for transcript verificationName: Click here to enter text. Phone: Click here to enter text. |
|[ ]  Current HOSA membership roster with applicants name highlighted |

**DO NOT ATTACH A RESUME.**
Call (334) 694-4766 if you have questions regarding this application.

**Upload the typed application packet, in its entirety, no later than January 8th.**

**Incomplete applications will NOT be scored**

**APPLICATION FORM**

**ALABAMA HOSA – FUTURE HEALTH PROFESSIONALS SCHOLARSHIP**

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#### Personal Information

|  |  |
| --- | --- |
| Applicant’s Name |       |
| Home Address |       |
| City/State/Zip |       |
| Day Phone | (     )       | Night Phone  | (     )       |
| Date of Birth |       | Last Four Digits ofSocial Security Number |       |
| E-mail |       |
| Parent/Guardian *(Mother)* |       | Occupation |       | Business Phone | (     )       |
| Parent/Guardian *(Father)* |       | Occupation |       | Business Phone | (     )       |
| Chapter Advisor: |       | E-mail |       |
| School: |       | Phone | (     )       |
| School Address: |       |
| City/State/Zip: |       |

##### Educational Background

|  |  |
| --- | --- |
| How long have you been a HOSA member? | Click here to enter text. |
| How many possible years may a student take Health Science courses at your school? | Click here to enter text. |

Attach your School Transcript including ACT score with this application’s submission. (REQUIRED)

In the box below, list the postsecondary institution name, address, business office phone where you plan to attend, the academic year you will be attending, and your college major.

|  |  |  |
| --- | --- | --- |
| Institution Information (name, address, phone number) | Academic Year | College Major |
|       |       |       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Have you applied to the institution?
 | Yes |     | No |     |
| * Have you been accepted by the institution?
 | Yes |     | No |     |

**HOSA SCHOLARSHIP APPLICATION**

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**HOSA and Community Involvement/Work Experience**

|  |
| --- |
| 1. Describe local, state, and international involvement in HOSA programs and projects.  |
|       |
| 2. List activities relevant to school and community involvement and/or work experience (other than HOSA activities). |
|       |

**HOSA SCHOLARSHIP APPLICATION**

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**Related Information**

|  |
| --- |
| 3. Describe why you selected a medical/health care profession.  |
|       |
| 4. Why are you applying for this scholarship?  |
|       |
| 5. List Health Science courses you have taken in high school. |
|       |

I verify that the above information regarding my student is accurate and I recommend the applicant as a potential recipient of the Alabama Association HOSA scholarship. I also verify that the typed name below was input by me and represents my signature.

|  |  |  |  |
| --- | --- | --- | --- |
| Advisor Signature | Click here to enter text. | Date |       |

If selected, we agree to and understand the Terms of Agreement for the Alabama Association HOSA Scholarship. We also attest that the names typed below were input personally and represent our signatures.

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant Signature | Click here to enter text. | Date |       |
| Parent Signature | Click here to enter text. | Date |       |



**Alabama Association HOSA: Future Health Professionals**

**Scholarship Scoring Rubric**

**CONTENT BELOW IS TO BE COMPLETED BY THE JUDGING COMMITTEE**

Eligibility Verification:

[ ]  Is enrolled in or has taken a Health Science course

[ ]  Is an affiliated HOSA member

[ ]  Is a high school senior

[ ]  Plans to obtain a postsecondary/collegiate degree in a medical/healthcare profession

Application Requirements:

[ ]  Application form is typed AND submitted electronically through TALLO

[ ]  Application includes a digital headshot photograph of the candidate

[ ]  Application includes HOSA affiliation roster with student’s name listed

[ ]  Application includes a legible copy of the school transcript

 (GPA MUST be on **4.0 scale or the application will NOT be scored**)

[ ]  Application includes verification of ACT score

[ ]  Submitted application on or before January 8th

ACT SCORE \_\_\_\_\_\_\_\_\_\_

*Did the applicant meet the eligibility and application requirements listed above?*

[ ]  *NO – Disqualified, do not score*

[ ]  *YES – Proceed to scoring rubric*

GPA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 RUBRIC SCORE \_\_\_\_\_\_\_

Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant’s School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Possible Points** | **Student Essay:****Why they selected a medical/healthcare profession** | **Academics and Reason for Application** | **HOSA involvement** | **Leadership, Extra-Curricular, and Community Involvement** |
| **9 - 10** | * Essay is well thought out, exceptionally written,
* Essay reflects application of critical thinking.
* Essay indicates why they have chosen a healthcare career
* Applicant’s reasons for choosing a healthcare career show a clear relationship to their career goal.
* Health Science courses reflect progress towards goal
 | * 4.0 or greater GPA
* Demonstrates consistent progress toward healthcare goal. (i.e. ≥ 4 HSc courses/certifications)
* ACT score ≥ 28.
* Solid and well thought out reason.
* High-level use of vocabulary and word choice with no spelling, grammatical, or punctuation errors.
 |  Has been a HOSA  member each year  possible.  Has held local offices.  Has held state or  national office* Has attended 3 or more organized HOSA functions (SLC, ILC, JLDC, etc.)
* Participates in greater than 5 local HOSA activities.
 | * Student has a leadership role in one or more extra-curricular or community activities that benefit others.
* Student has a history of participation in a variety of school/community service activities.
* Student has work or volunteer experience in a health related area.

   |
| **6 – 8** | * Is well written and reflects understanding of their career choice.
* Essay shows critical thinking and self-expression.
* Expresses reasons to support their career goa, but are not thoroughly explained.
 | * 3.7 – 3.99 GPA
* 3 HSc courses taken
* 24 – 27 ACT
* Few (1 to 3) spelling, grammatical, or punctuation errors
* Good use of vocabulary.
* Solid reason.
* Pursuit of a Health-Related degree is stated.
 | * Has been a HOSA

member two years or more.* Has held local office.
* Has attended 1-3 organized HOSA functions (SLC, ILC, JLDC, etc.)
* Participates in 3-5 local HOSA activities.
 | * Student is actively involved (this year) in an extra-curricular or community activity that serves others.
* Student has prior work or volunteer experience.
 |
| **3 – 5** | * Good essay.
* Some critical thinking and self-expression.
* New to Business program.
* Career goals and reasons, stated but unclear.
 | * 3.4 – 3.69 GPA
* 2 HSc courses taken
* 22 – 23 ACT
* Minimal (3 to 5) spelling, grammatical, or punctuation errors.
* Low-level use of vocabulary choices.
* Reason stated.
* Slow but steady academic progress towards goal.
 | * Is currently a HOSA

member.* Has helped in a

leadership role. * Has attended one organized HOSA functions (SLC, ILC, JLDC, etc.)
* Participates in 1-2 local HOSA activities.
 | * Student has participated in extra-curricular and community activities.
* Student has work or volunteer experience that was required by the school.
 |
| **0 – 2** | * Essay lacks focus.
* Essay is poorly written.
* Student provides no clear career goals and/or no clear process to explain their career goal.
 | * < 3.4 GPA
* 1 HSc course taken
* < 22 ACT
* More than 5 spelling, grammatical, or punctuation errors.
* Poor use of vocabulary choices.
* No reason stated.
* Weak academic progress.
 | * Currently a HOSA

member.* No leadership roles.
* Has not attended HOSA functions.
* Very little participation.
 | * No extra-curricular activities mentioned in application.
* No work experience/volunteer experience mentioned.
 |
| **Category Score** |  |  |  |  |
| **OVERALL SCORE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |