



## Arizona HOSA Scholarship Program & Application

### Procedure

1. Scholarships are available to either a secondary senior that is planning on attending any college, university, or trade school after graduating and who will be pursuing a degree/certificate in the healthcare field; or a postsecondary/collegiate HOSA member who plans to further his/her education in the healthcare field and will be graduating after June 30, 2025.
2. All scholarship materials should be submitted online through the Wufoo form found on the Arizona HOSA website. Incomplete applications will not be considered. If you are unable to access the Wufoo form to submit, complete applications may be mailed together in one envelope.
  - a. If mailed, complete applications are to be mailed directly to:  
**AZ HOSA #42**  
**Arizona Department of Education**  
**1535 W. Jefferson St.**  
**Phoenix, AZ 85007**
3. All applications must be typed or neatly printed. All applications must be grammatically correct and complete for acceptance and review by Arizona HOSA.
4. There is no limit to the number of applicants per school.
5. Applications must be received by **11:59 pm on Friday, February 12, 2024**. Late applications will not be considered.
6. The Awards Committee will determine the scholarship recipients. Recipients will be notified by mid-March 2024. Scholarships will be awarded on the second night of the 2024 Arizona HOSA State Leadership Conference at the Recognition Session.
7. Only one application is needed to be considered for ALL scholarships offered by Arizona HOSA.
  - a. The Jane Shovlin Scholarship Award (1) - \$2,000
  - b. Eutanya Yazzie Scholarship (1) - \$2,000
    - i. American Indian applicants are encouraged to apply
  - c. Leadership Scholarship (3) - \$1,500
  - d. Future Health Professional Scholarship (5) - \$1,000
  - e. **Create Your Story** Scholarship (5) - \$500
8. Funds will be distributed to the postsecondary/collegiate institution in the recipient's name. Once presented with the award a recipient will have until June 1, 2024 to submit school information for payment of scholarship.
  - a. Funds will be sent to the institution to first be used for tuition and fees that are owed to the school.
  - b. If the student's account is paid in full the remaining amount will be released to student to pay for books, supplies, or other needs that the student has.
  - c. The amount will be applied in one lump sum to the 2024 Fall term.
  - d. Arizona HOSA is unable to distribute scholarships to universities outside of the United States.
9. The recipients will be notified through the contact information provided on the application.

## Scholarship Criteria

1. Applicants must be currently enrolled or have completed a health science technologies program or a postsecondary/collegiate healthcare career program and be an active member in good standing of Arizona HOSA.
2. The scholarship application packet must include the following
  - a. Application
    - i. Applicant Information
    - ii. Membership Information
    - iii. Transcript Information
    - iv. Career and College Goal and Plan
    - v. HOSA Leadership Activities
    - vi. Additional Leadership Activities
    - vii. Awards and Recognition
    - viii. Community Involvement
  - b. Statement of Need – applicants must complete the financial need form
  - c. Transcript – A current, official or unofficial transcript from the secondary or postsecondary/collegiate institution in which you are currently enrolled in.
  - d. Further Education –Acceptance letter or proof of enrollment. If a letter of acceptance is not available, include a statement indicating that it is not currently available and provide it as soon as you receive it. If you do not provide an acceptance letter, you will not be eligible for a scholarship.
  - e. Reference Letter – Two (2) written reference letters are required. One must be your HOSA Advisor. Letters must be on letterhead, be signed, and include contact information. References should document the applicant’s academics, leadership abilities, interpersonal skills, integrity, and potential in the health profession and must be provided by any of the following:
    - i. Your HOSA Advisor
    - ii. A teacher, principal, or director of Health Science Program
    - iii. An employer
    - iv. Any other source excluding a relative
  - f. Essay/Personal Statement – Applicants must submit a typed statement (350-500 words) to include the following information:
    - i. Why do you want to be a healthcare professional?
    - ii. How HOSA has influenced that decision?
  - g. Resume

\*Applications can be sent paper clipped together in one envelope or submitted via Wufoo form created for submissions. Pocket folders, brief or binders may not be used. Sheet protectors are not permitted. Incomplete applications will not be considered.



## Application

### APPLICANT INFORMATION

<b>Last Name:</b>		<b>First:</b>		<b>M.I.:</b>
<b>Street Address:</b>				<b>Apartment/Unit #:</b>
<b>City:</b>		<b>State:</b>	<b>ZIP</b>	
<b>Home Phone:</b>		<b>Cell Phone:</b>		
<b>Email:</b>				
<b>Date of Birth:</b>				
<b>Ethnicity (can check multiple boxes):</b>				
<input type="checkbox"/> American Indian or Alaska Native				<input type="checkbox"/> Asian
<input type="checkbox"/> Black or African American				<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander				<input type="checkbox"/> White
<input type="checkbox"/> Other				

### MEMBERSHIP INFORMATION

<b>Membership Division:</b>	<input type="checkbox"/> Secondary	<input type="checkbox"/> Post-Secondary		
<b>Are you a current paid HOSA Member?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<b>Chapter Name:</b>	
<b>Current School:</b>			<b>Advisor Name:</b>	
<b>Current Year:</b>	<input type="checkbox"/> 12th Grade	<input type="checkbox"/> College Freshman	<input type="checkbox"/> College Sophomore	<input type="checkbox"/> College Junior

### TRANSCRIPT INFORMATION

<b>Unweighted GPA:</b>	<b>Weighted GPA:</b>
<b>Number in class (e.g. 10th/75):</b>	<b>Please attach a copy of your official or unofficial transcript.</b>



## Career and College Goal and Plan

**What is your career goal?**  
**(Be specific as to the career area):**

**If secondary have you been accepted to a college or university?**     YES     NO

**If yes, please specify the institution(s)' name:**

**If no, where have you applied:**

**If you are enrolled in a post-secondary or collegiate institution provide the following:**

<b>Institution Name:</b>	<b>Major:</b>
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**What is your educational and career plan? (include undergraduate, graduate, etc.):**

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**Please include proof of acceptance or enrollment with application if available.**

## HOSA Leadership Activities

List Arizona HOSA Leadership positions you have held (chapter or state office), Arizona HOSA activities you have been involved in and a clear description of your leadership responsibilities and commitment for each. (If additional space is needed, attach a typed sheet of paper)

<b>Year</b>	<b>Office Held or Committee</b>	<b>Responsibilities</b>



### Additional Leadership Activities

List any other leadership positions you have held, activities you have been involved in and a clear description of your leadership responsibilities and commitment for each. (If additional space is needed, attach a typed sheet of paper)

Year	Office Held or Committee	Responsibilities

### Awards and Recognitions

List any awards you received from HOSA or any other organization. (If additional space is needed, attach a typed sheet of paper)

Year	Activity or Award	Organization

### Community Involvement

List community activities (other than HOSA and school) you have been involved in. (If additional space is needed, attach a typed sheet of paper)

Year	Organization Served	Hours Served	Responsibilities



## Financial Statement

### Household Information

<b>Parent 1 Last Name:</b>		<b>First Name:</b>	
<b>Occupation:</b>		<b>Company:</b>	
<b>Parent 2 Last Name:</b>		<b>First Name:</b>	
<b>Occupation:</b>		<b>Company:</b>	
<b>Household Size (Include Self):</b>		<b>Number of siblings in college/university:</b>	
<b>Parent's Combined Income (Check Only One):</b>	<input type="checkbox"/> \$25,000 or less <input type="checkbox"/> \$25,001 - \$50,000 <input type="checkbox"/> \$50,001 - \$75,000	<input type="checkbox"/> \$75,001 - \$100,000 <input type="checkbox"/> Over \$100,001	

### College/University Expenses

<b>Where will student be living?</b>	<input type="checkbox"/> Dorm <input type="checkbox"/> Apartment	<input type="checkbox"/> At Home <input type="checkbox"/> Other (explain) _____
<b>Do you plan to work while in school?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Have you applied for FAFSA?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>What other financial assistance do you plan on applying for or receiving?</b>		
<b>Estimate the following expenditure and earnings on a yearly basis:</b>		
<b>EXPENSES</b>	<b>INCOME</b>	
Tuition and Fees:	Student's Savings:	
Books:	Student's Income:	
Room and Board:	Support from Parents:	
Transportation Cost:	Other Scholarships:	
Other:	FAFSA Grants:	
<b>Total Expenses Per Year: \$</b>	<b>Total Income Per Year: \$</b>	





## Additional Documents

### **Transcript**

Include a current, official, or unofficial transcript form the secondary or postsecondary/collegiate institution in which you are in enrolled.

### **Further Education**

Include an acceptance letter or proof of enrollment. If a letter of acceptance is not available, include a statement indicating that it is not currently available and provide it as soon as you receive it. If you do not provide an acceptance letter, you will not be eligible for a scholarship.

### **Reference Letters**

Include two (2) written reference letters are. One (1) **must** be your HOSA Advisor. Letters must be on letterhead, be signed, and include contact information. References should document the applicant's academics, leadership abilities, interpersonal skills, integrity, and potential in the health profession and must be provided by any of the following:

- i. Your HOSA Advisor
- ii. A teacher, principal, or CTE Director
- iii. An employer
- iv. Any other source excluding a relative

### **Essay/Personal Statement**

Include a typed statement (350-500 words) to include the following information:

- i. Why do you want to be a healthcare professional?
- ii. How HOSA has influenced that decision?

### **Resume**

Please attach a current resume – not to exceed two (2) pages.

### **Statement of Assurance**

By signing below, I certify that the above information is true and correct and that the scholarship if awarded will be used as indicated in the applications. The use of scholarship money will be directly used to pay for tuition, school fees, books, room and board, and/or supplies directly related to the degree the student is pursuing.

I hereby grant Arizona and National HOSA offices permission to take photographs, still or motion pictures and sound recordings, separately or in combination, and also give a production company approved by the Arizona or National HOSA office permission to use the finished photographs, silent or sound pictures, and /or sound recordings as deemed necessary. I also grant Arizona and National HOSA Offices permission to share name, scholarship amount, photographs, silent or sound pictures with other organizations deemed appropriate, including but not limited to Arizona Department of Education (ADE), Career & Technical Education, a division of ADE, ADE Health Career Education programs, Association of Career and Technical Education Arizona and the Arizona HOSA Foundation.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

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

\_\_\_\_\_  
**Date**