ALASKA HOSA Scholarship Application Form

NAME:				
HOSA DIVISION: <u>Secondary</u>				
HOME ADDRESS:	CITY:		STATE:ZIP:	
HOME PHONE:		E-	MAIL:	
CELL PHONE:				
SCHOOL NAME: SCHOOL	ADDRESS			
CITY			STATE	ZIP
ADVISOR'S NAME:			_ ADVISOR'S TELE	EPHONE:
HAVE YOU BEEN ACCEPTED TO PURSUE YOUR EDUCATION AS O IF YES, PLEASE PROVIDE INSTI	OF THIS SUBMIS			
IF NO, PLEASE INDICATE WHER	E YOU HAVE APP	LIED:		
□ Please check if you are a	member of the Na	itional Te	echnical Honor Society.	
□ Please check if you are a	state officer.			
Attach the following:				
-			Community Involve	ment
□Further Education Intent			References	
Leadership Activities			Personal Statemen	t

References - list name of person submitting letter for each category below: (9 points)

- 1. A teacher, advisor, principal, or health science education program director ______
- 2. An employer or community leader
- 3. Any other source other than a relative
- Leadership Activities and Recognition (30 points)

List HOSA and OTHER school offices you have held, activities you have been involved, and a clear statement of your leadership, responsibility and commitment for each. (If additional space is needed, attach a sheet of paper.)

Year Office Held or Committee Responsibilities

Community Involvement: (15 points)

List community activities (other than HOSA or school activities above) that you were involved and/or awards received. (If additional space is needed, attach a sheet of paper.)

Year	Organization Involved	Demonstrate Leadership and Record of Participation in Each Activity

Personal Statement. Applicants must submit a one (1)-page statement to include the following information. (This statement can be either word-processed or handwritten.)

Describe three (3) exemplary qualities gained through your HOSA experiences, and how you plan to use them in your future college, community and career.

(this Word document will expand onto another page if more room is needed)