

Cal-HOSA GUIDE TO SCHOLARSHIPS & GRANTS



**Application and Guide
for Member Scholarships
and Chapter Partnership Grants
Provided by California HOSA**
2009 Edition

California Health Occupations Students of America (Cal-HOSA)



August 2008

Dear Cal-HOSA Members and Advisors,

This Scholarship Guide provides information on the various member scholarships and chapter grants sponsored by Cal-HOSA during the ensuing year. It contains descriptions, eligibility criteria, procedures, applications and judging criteria for:

- ▽ Cal-HOSA Merit Scholarship
- ▽ Cal-HOSA Founder's Scholarship
- ▽ Sutter Healthcare Leadership Scholarship
- ▽ Cal-HOSA/Kaiser Permanente Chapter Partnership Grant
- ▽ Cal-HOSA/Inez Tenzer Nursing Scholarship

Cal-HOSA is deeply indebted for the generosity of our healthcare partners for funding these financial awards as well as those who have donated various amounts to the scholarship program.

In addition to Cal-HOSA scholarships, there are scholarships and financial awards provided by National HOSA. These are found at www.hosa.org.

Please review this Guide closely and start applying for these awards TODAY. **Applications are due February 17, 2009.** These awards will be presented at the 2009 State Leadership Conference.

Note: Incomplete applications will not be considered



Cal-HOSA Merit Scholarship

Description

Cal-HOSA awards two (2) \$500 merit-based scholarships to Cal-HOSA members in good standing at the local Cal-HOSA chapter who have achieved excellence in health science/careers education, community service and HOSA involvement. Cal-HOSA will award one (1) graduating secondary member and one (1) post-secondary member.

Eligibility

- ◆ Applicants may be from any active local Cal-HOSA chapter in good standing and are on record as having paid dues in the National HOSA Membership System by February 15th.
- ◆ There is no limit to the number of applicants that may apply from a chapter.
- ◆ Applicants must verify a 3.0 Grade Point Average (GPA) or better.
- ◆ Applicants must be registered and compete at the current State Leadership Conference (SLC).
- ◆ Applicants must have the recommendations of both their chapter advisor and a healthcare professional.
- ◆ Applicants must have performed 75 hours of community service with at least 12 hours dedicated to the current National Service Project.
- ◆ Applicants may not have previously won this scholarship.
- ◆ Past applicants are eligible to reapply.
- ◆ Current Cal-HOSA State and Cal-HOSA National officers are not eligible for this scholarship.

Application Procedure

Three (3) copies of the following materials should be sent in paper clipped sets in a labeled file folder to Cal-HOSA Headquarters by **February 17, 2009**. All application materials must include the applicant's name and local chapter affiliation in the upper right hand corner of each page.

- ◆ Completed Scholarship Application Form
- ◆ Official school verification of 3.0 GPA
- ◆ Verification of paid chapter membership by February 15th
- ◆ Verification of paid SLC registration and competitive event participation
- ◆ Five-hundred (500) word typed essay
- ◆ Verification and description of at least 75 hours of community service of which at least 12 hours are dedicated to the current National Service Project
- ◆ Two Letters of Recommendation



Cal-HOSA Merit Scholarship Criteria

Scholarship Application Form

The applicant must complete and submit the official Merit Scholarship Application provided. This serves as the cover page of each application set. The applicant and local chapter advisor must sign this form.

Verification of GPA

The applicant must provide an official copy of their Grade Point Average (GPA) from their current school.

Verification of Membership

The applicant must provide verification of paid membership dues to National HOSA by February 15th .

Verification of SLC Registration

The applicant must provide verification of paid SLC registration and competitive event participation.

Essay Requirements

The applicant's typed essay must be a minimum of 500 words, double spaced, 12 pt. font, addressing the following three topics:

1. How HOSA has influenced the applicant's life.
2. Applicant's intent to become a health care professional.
3. A description of how the applicant is unique including academic, extracurricular and work experiences that make them stand out.
4. A description of at least one personal characteristic that makes this person an asset to Cal-HOSA.

Verification of Community Service

The applicant must provide a statement describing their 75 hours of community service activities that includes at least 12 hours dedicated to the current National Services Project.

Letters of Recommendation Requirement

Two (2) letters of recommendation are required for submission. One letter must be from the local chapter advisor and one letter must be from a healthcare professional.

- Local Cal-HOSA Chapter Advisor Recommendation Requirements

The chapter advisor letter must certify that the applicant is a member in good standing; maintains at least a 3.0 GPA; and has completed seventy-five (75) hours of community service of which twelve (12) hours were dedicated to the current HOSA National Service Project.

- Healthcare Professional Recommendation Requirements

The healthcare professional letter should address the applicant's preparation and readiness for a career in the healthcare profession. It may also address qualities such as character, leadership, service, attitude, work ethic and employability skills.

Screening & Award Announcement

A panel of evaluators including one (1) Cal-HOSA state officer; one (1) Cal-HOSA, Inc. Board of Directors member; and one (1) health careers representative will review all applications. Scholarship announcements and honorees will be announced at a general session at the current years' SLC.

Submitting Applications

Cal-HOSA Merit Scholarship application materials must be submitted by **February 17, 2009** .

Cal-HOSA Headquarters - Scholarship Applications
Carolyn Lee, Executive Director
7945 Vineyard Ave. D 4
Rancho Cucamonga, CA 91730
(909) 987 – 1012 X 114



Merit Scholarship Application Form

Applicant's Name _____ Date _____

Home Address _____

Home Phone Number _____ Cell _____ E-mail _____

Advisor's Name _____ Circle One: Secondary Post-secondary

School/Chapter _____

School Mailing Address _____

Current Year in School GPA _____ Number of Years in Cal-HOSA _____

First time application _____ Reapplying application _____

Scholarship Checklist

- Application
- Verification of GPA
- Verification of paid membership by February 15th
- Verification of paid SLC registration and competitive event participation
- Five hundred (500) word essay addressing:
 - 1) How HOSA has influenced your life
 - 2) Your intent to become a health care professional
 - 3) A description of your uniqueness including any academic and extracurricular achievements as well as work experiences
 - 4) A description of at least one personal characteristic that makes you an assets to Cal-HOSA
- Statement describing 75 hours of community service (12 hours dedicated to current National Service Project)
- Two letters of recommendation - one from the local chapter advisor and one from a health care professional — following the described requirements.

I verify that the above-named student is a Cal-HOSA member in good standing. The student is a well-deserving applicant for the \$500 Merit Scholarship and intends to pursue education related to a career as a health care professional.

Chapter Advisor's Signature

Date

Applicant's Signature

Date



Cal-HOSA Merit Scholarship Rating Sheet

| Evaluation Item | Not Demonstrated | | | Demonstrated | Points Earned |
|---|------------------|--|--|--------------|---------------|
| Application – Neat & Complete | 0 | | | 10 | |
| Letters of Recommendation - Health Care Professional describing readiness and qualities - Chapter Advisor describing good standing, GPA and community service | 0 | | | 20 | |
| Verification of GPA (3.0) | 0 | | | 10 | |
| Verification of paid dues by February 15 th | 0 | | | 5 | |
| Verification of SLC registration & competitive event participation | 0 | | | 5 | |
| Verification of Community Service (75 hrs with @ least 12 hrs with Nat'l Service Project) | 0 | | | 20 | |
| Sub-total | | | | 70 | |

Essay – 500 word

| Evaluation Item | Not Demonstrated | Approaches Expectations | Meets Expectations | Exceeds Expectations | Points Earned |
|--|------------------|-------------------------|--------------------|----------------------|---------------|
| Clear and precise presentation of facts with logical arrangement | 0 | 3 | 7 | 10 | |
| Correct grammar, punctuation, spelling, and acceptable business style | 0 | 3 | 7 | 10 | |
| Addressed scholarship requirements - How HOSA influenced their life - Their intent to become a healthcare professional - Description of academic achievements & their uniqueness - Personal characteristics that reflect HOSA values | 0 | 6 | 12 | 20 | |
| Sub-total | | 12 | 26 | 40 | |

Final Score

(110 points/max)

Applicant's Name: _____

Chapter: _____ 1st Time Applicant Reapplication

Evaluator's Signature: _____ Date

Check one: _____ State Officer _____ Board of Directors _____ Healthcare Representative _____



Cal-HOSA Founder's Scholarship

Description

Cal-HOSA awards five (5) \$500 scholarships to active Cal-HOSA members in good standing at the local Cal-HOSA chapter level who have achieved excellence in health science/careers education and plan to continue education at a community college or a four-year university. One \$500 scholarship is awarded per region for a statewide total of \$2,500 awarded annually. Scholarship winners receive monetary awards upon receipt of proof of educational enrollment

Eligibility

- ◆ Applicants may be from any active local Cal-HOSA chapter in good standing that are on record of having paid dues in the National Membership System by February 15th of the current year.
- ◆ There is no limit to the number of applicants that can apply from a chapter.
- ◆ Applicant must have 2 recommendations - one from the chapter advisor and the other from a healthcare professional.
- ◆ Applicants must at least 50 hours of community service.
- ◆ Applicants must verify a 2.5 grade point average (GPA) or better.
- ◆ Applicants must be registered and compete at the current State Leadership Conference (SLC)
- ◆ Applicants may not have previously won this scholarship. Past applicants are eligible to reapply.

Application Procedure

Three (3) copies of the following materials should be sent in paper clipped sets in a labeled manila envelope to Cal-HOSA Headquarters by **February 17, 2009** .

- ◆ Completed Scholarship Application Form
- ◆ Verification of membership by February 15th
- ◆ Verification of SLC registration and competitive event participation
- ◆ Personal resume
- ◆ Personal Statement including Educational and Professional Goals
- ◆ Verification of 2.5 GPA
- ◆ Description of 50 hours of community service
- ◆ Two Letters of Recommendation
- ◆ All application materials must include the applicant's name, local chapter affiliation and region of the applicant in the upper right hand corner of each page submitted.



Cal-HOSA Founder's Scholarship

Scholarship Application Form

Each applicant must complete and submit the Founders Scholarship application form provided. This serves as the cover page of each application set. The applicant and local chapter advisor must sign this form.

Resume

The applicant must submit a personal one-page resume

Personal Statement with Educational and Professional Goals

A typed personal statement to the extent of the applicant's Cal-HOSA participation and how Cal-HOSA has influenced his/her plans to continue in health careers education.

Verification of GPA

The applicant must provide an official copy their Grade Point Average (GPA) from their current school.

Verification of Membership

The applicant must provide verification of paying membership dues to National HOSA by February 15th .

Verification of SLC Registration

The applicant must provide verification of paid SLC registration and competitive event participation

Description of Community Service

The applicant must provide a written statement describing their 50 hours of community service activities they have participated in.

Letters of Recommendation

Two (2) letters of recommendation are required to be submitted. One letter must be from the local chapter advisor and one letter must be from a health care professional.

- Local Cal-HOSA Chapter Advisor Recommendation Requirements

The chapter advisor letter must certify that the applicant is a member in good standing; maintains at least a 2.5 GPA; and has completed fifty-hours of community service.

- Health Care Professional Recommendation Requirements

This letter should address the applicant's preparation and readiness for a career in the health care professions. It may also address qualities such as character, leadership, service, attitude, work ethic and employability skills.

Screening & Awards Announcement

All applications will be reviewed by a panel of evaluators including one (1) state officer; one (1) Board of Directors member; one (1) health careers representative; and Cal-HOSA Founder's Scholarship announcements and honorees will be presented at a general session at the current years' SLC.

Submitting Applications

Cal-HOSA Founder's Scholarship application materials must be submitted by **February 17, 2009** .

Cal-HOSA Headquarters - Grant Applications

Carolyn Lee, Executive Director

7945 Vineyard Ave. D 4

Rancho Cucamonga, CA 91730

(909) 987 – 1012 X 114



Founder's Scholarship Application Form

Applicant's Name: _____

Chapter Advisor: _____

Circle One: Region 1 Region 2 Region 3 Region 4 Region 5

Home Address: _____

Home Phone Number: _____ Cell _____ E-mail _____

Address: _____

Current Year in School _____ GPA: _____ Number of Years in Cal-HOSA _____

First application _____ Reapplying _____

Scholarship Checklist:

- Application
- One page Resume
- Personal Statement including Educational and Professional goals
- Verification of GPA
- Verification of paid HOSA membership by February 15th
- Verification of SLC registration and competitive event participation
- Verification and description of 50 hours of community service
- Two letters of recommendation (one from the local chapter advisor; one from a health care professional — following requirements

I verify that the above-named student is a senior in high school or post secondary Cal-HOSA member in good standing. The student is a well-deserving applicant for the \$500 Founders Scholarship and intends to pursue a career as a healthcare professional.

Chapter Advisor's Signature

Date

Applicant's Signature

Date



Cal-HOSA Founder's Scholarship Rating Sheet

| Evaluation Item | Not Demonstrated | Comments | Demonstrated | Points Earned | |
|---|------------------|-------------------------|--------------------|---------------------|---------------|
| Application Neat & Complete | 0 | | 5 | | |
| Letters of Recommendation - Health Care Professional – preparation and readiness for healthcare professional career as well as qualities of character, leadership, service, attitude, work ethic and employability skills - Local Chapter Advisor - preparation and career readiness, CPA and community service | 0 | | 15 | | |
| Verification of GPA (2.5) | 0 | | 10 | | |
| Verification of paid HOSA dues | | | 7 | | |
| Verification of Community Service 50 hrs | 0 | | 20 | | |
| Verification of paid SLC registration and participation | 0 | | 8 | | |
| Personal Resume | 0 | | 10 | | |
| Sub-total | | | 75 | | |
| Personal Statement Evaluation items | Not Demonstrated | Approaches Expectations | Meets Expectations | Exceed Expectations | Points Earned |
| Clear and precise presentation of facts with logical arrangement | 0 | | | 10 | |
| Correct grammar, punctuation, spelling, and acceptable business style | 0 | | | 10 | |
| Addressed scholarship requirement - Extent of HOSA participation - How HOSA has influenced HC career plans - Description of educational and professional goals | 0 | | | 20 | |
| Sub-total | | | | 40 | |
| Total | | | | 115 | |

Applicant's Name: _____ Region _____

Chapter: _____ First Appl _____ Reapplying _____

Evaluator's
Signature: _____ Date _____

Check 1: State Officer _____ Board of Directors _____ Healthcare Rep _____ Founder Rep _____



Sutter Healthcare Leadership Scholarship

Sutter Healthcare is providing this scholarship to promote Cal-HOSA leadership development. In order to be eligible, the candidate must be or has served as a Cal-HOSA state officer. They must have served their entire term and considered an officer “in good standing”.

The scholarship award is for \$500 and to be used to continue their education pursuits in the healthcare field. A recipient may only receive the award once.

The applicant must complete the application a 500 – 1000 word typed, 12 pt. font, double spaced, essay and submit 3 copies to the Cal-HOSA headquarters by the annual registration deadline. The scholarship will be awarded at the annual State Leadership Conference (SLC) on an annual basis.

The essay must address the following three issues:

- What are your career goals?
- How has your role as a Cal-HOSA state officer influenced your career interests?
- What unique attributes do you offer to the healthcare profession? (I.e. what makes you stand out from other applicants in obtaining a job or applying at a school?)

A panel of healthcare professionals will review the application and an interview will be held at the SLC. The officers will be rated on their appearance, professionalism, poise and interview responses.

Application due at Cal-HOSA SLC Headquarters on **February 17, 2009** by 10 am.



Sutter Leadership Scholarship Application

Name _____ Date _____

Address _____

Home Phone _____ Cell Phone _____

E-mail Address _____

Year served as Cal-HOSA state officer _____ Position served _____

Chapter affiliation _____

Essay

(500 – 1000 words) addressing the following issues

- What are your career goals?
- How has your role as a Cal-HOSA state officer influenced your career interests?
- What unique attributes do you offer to the healthcare profession?
(I.e. what makes you stand out from other applicants in obtaining a job or applying at a school?)



Sutter Leadership Scholarship Rating Sheet

Name of Applicant _____ Date _____

Chapter _____ Advisor _____

Year as State Officer _____ Position held as State Officer _____

| Evaluation Item | <u>Not Demon- strated</u> | <u>Appro- aches Expecta- tions</u> | <u>Meets Expecta- tions</u> | <u>Exceeds Expectation</u> | <u>Points Earned</u> |
|---|--|---|--|---------------------------------------|---------------------------------|
| Application Complete and Neat | 0 | 3 | 7 | 10 | |
| Essay | | | | | |
| Clear and precise presentation of facts with logical arrangement | 0 | 4 | 9 | 15 | |
| Correct grammar, punctuation, spelling and acceptable business style | 0 | 4 | 9 | 15 | |
| Description of career goals | 0 | 6 | 14 | 20 | |
| Description of how role as state officer has influenced career interest | 0 | 6 | 14 | 20 | |
| Description of unique attributes they have to offer the healthcare profession | 0 | 6 | 14 | 20 | |
| Total | | | | 100 | |

Comments _____

Evaluator's Signature _____ Title _____

Date _____



Chapter Grant

Cal-HOSA/Kaiser Permanente Partnership Grant

Description

Cal-HOSA, in collaboration with the long time partnership with healthcare leader Kaiser Permanente, is providing grants to local chapters in the amount of \$500 to assist in reducing expenses for participation in the Cal-HOSA State or National Leadership Conference. The purpose of this grant is to encourage local chapters to develop a partnership between their local Cal-HOSA chapter and a local healthcare related business partner.

Eligibility

- ◆ Active local Cal-HOSA chapter in good standing
- ◆ Awards distributed on a first come first serve basis.
- ◆ Chapters must be on record as having paid dues in the National HOSA Membership System by February 15th .
- ◆ Chapters must pay registration, attend and have Cal-HOSA members compete at the State Leadership Conference (SLC).
- ◆ As a one-time grant, applicants may only apply and receive funds once. Once a chapter receives a grant they are ineligible to receive this grant again. Once all funds have been disbursed, this grant will be closed.
- ◆ If a chapter does not receive the grant requested they may reapply.

Application Procedure

Two (2) copies of the following materials should be sent in paper clipped sets in a labeled manila envelope to Cal-HOSA Headquarters by **February 17, 2009** .

- ◆ Completed Grant Application
- ◆ Verification of membership dues paid by March 1
- ◆ Verification of paid SLC registration with competitive events participation
- ◆ A two (2) page written partnership description
- ◆ A letter of support from the healthcare industry business partner
- ◆ Complete a Budget for Use of Grant Funds



Chapter Grant

Cal-HOSA/Kaiser Permanente Partnership Grant

Application Requirements

Grant Application

The chapter must complete the Cal-HOSA/Kaiser Permanente Partnership Grant Application in full. The application will serve as the cover page of each application set. The chapter advisor, business partner and chapter president must sign the application to signify accountability for activities and use of funds.

Two Page Written Partnership Description

A two-page narrative that includes a description of the partnership, the number of students involved in the partnership, the types of activities the partnership participated in and description of how the activities are related to Cal-HOSA.

Verification of Membership

The chapter must provide verification of dues paid to National HOSA by February 15th .

Verification of SLC Registration

The chapter must provide verification of SLC registration and competitive events participation.

Letter of Support from the Business Partner

A one-page letter of support from the healthcare related business partner. The letter needs to be included in the grant application package. No e-mails or faxes will be accepted.

Proposed Budget for Use of Grant Funds

Grant funds can ONLY be used for State Leadership Conference or National Leadership Conference. Funds for either of these two conferences may only be used for expenses related to registration, housing, transportation or official HOSA blazer purchases for the local chapter loan program.

Screening and Award Announcement

A representative from Kaiser Permanente and the Cal-HOSA State Advisor will review all grant applications.

Chapters receiving a grant will be notified in writing of the grant decision and receive funds within three weeks of notification.

Grant requests for SLC will be formally announced at the State Leadership Conference. Grant requests for NLC will be formally announced at the Cal-HOSA state meeting at the NLC.

Submitting Applications

Cal-HOSA Kaiser Permanente Grant Partnership application materials must be submitted by **February 17, 2009** .

Cal-HOSA Headquarters - Grant Applications
Carolyn Lee, Executive Director
7945 Vineyard Ave. D 4
Rancho Cucamonga, CA 91730
(909) 987 – 1012 X 114



Chapter Grant Application

Cal-HOSA/Kaiser Permanente Partnership Grant

Contact Information

| | |
|---------------------------------|--|
| School and Chapter Name | Business Partner's Name |
| Advisor's Name | Contact Person's Name and Title |
| School Address | Business Partner's Address |
| Advisor's E-mail Address | Business Partner's E-mail Address |
| Advisor's Phone and Cell Number | Business Partner's phone and Cell Number |

Grant Checklist

- Grant Application**
- Verification of membership dues paid by March 1**
- Two Page Written Partnership Description**
- Verification of paid SLC registration and competitive events participation**
- Letter of Support from the Business Partner**
- Proposed Budget for Use of Grant Funds**

We certify that the funds allocated to our chapter for the purpose of this grant will be used as declared in our "Proposed Budget for Use of Grant Funds." We agree to maintain accurate records for five (5) years of our disbursements in the event of audit or public inquiry. We certify that all information presented in this grant request is true, accurate, factual, and for the good of Cal-HOSA members.

| | | |
|-----------------------------|-------------------------------|------------------------------|
| Chapter Advisor's Signature | Chapter President's Signature | Business Partner's Signature |
| Date | Date | Date |



Chapter Grant Budget Sample

Cal-HOSA/Kaiser Permanente Partnership Grant

| | | |
|--------------|---------------------------------|------|
| Chapter Name | Business Partner Representative | Date |
|--------------|---------------------------------|------|

Budget Template

Sample 1

SLC Registration \$ _____
Explanation

SLC Housing \$ _____
Explanation

SLC Transportation \$ _____
Explanation

Blazers \$ _____

TOTAL \$ _____

Sample 2

NLC Registration \$ _____
Explanation

NLC Housing \$ _____
Explanation

NLC Transportation \$ _____
Explanation

Blazers \$ _____

TOTAL \$ _____

TOTAL \$ _____



Chapter Grant Rating Sheet

Cal-HOSA/Kaiser Permanente Partnership Grant

Name of Chapter/School _____

Advisor _____ Date _____

| Evaluation Item | Not Demonstrated | Comments | Exceeds Expectations | Points Earned |
|---|------------------|----------|----------------------|---------------|
| Application complete, signatures, neat and clear | 0 | | 10 | |
| Verification of dues paid by February 15th | 0 | | 8 | |
| Verification of SLC registration paid & competitive event participation | 0 | | 8 | |
| Description of partnership | 0 | | 10 | |
| Number of students involved | 0 | | 8 | |
| Description of type of partnership activities | 0 | | 14 | |
| Description of how partnership relates to Cal-HOSA | 0 | | 14 | |
| Partnership letter | 0 | | 13 | |
| Completed budget with description of how funds will be used | 0 | | 15 | |
| Total Points | 0 | | 100 | |

1st application _____ 2nd application _____ 3rd application _____

Signature of Evaluator _____ Date _____

Check one: Board member _____ State Officer _____ Healthcare representative _____



Cal-HOSA Inez Tenzer Nursing Scholarship

Description

Cal-HOSA awards one (1) \$1,000 nursing tuition scholarship to a Cal-HOSA member in good standing who is entering the nursing education tract. This Scholarship is in recognition of Inez Tenzer's dedication to her love of the nursing profession and support of HOSA at the state and national level.

Eligibility

- ◆ Applicants may be from any active local Cal-HOSA chapter in good standing and are on record as having paid dues in the National HOSA Membership System by February 15th .
- ◆ There is no limit to the number of applicants that may apply from a chapter.
- ◆ Applicants must verify a 3.0 Grade Point Average (GPA) or better.
- ◆ Applicants must be registered and compete at the current State Leadership Conference (SLC).
- ◆ Applicants must have the recommendations of both their chapter advisor and a healthcare professional.
- ◆ Applicants must have performed 75 hours of verifiable community service.
- ◆ Applicants may not have previously won this scholarship.
- ◆ Past applicants are eligible to reapply.
- ◆ Applicants must be a High School Senior or post secondary nursing student

Application Procedure

Three (3) copies of the following materials should be sent in paper clipped sets in a labeled manila envelope to Cal-HOSA Headquarters by **February 17, 2009** . All application materials must include the applicant's name and local chapter affiliation in the upper right hand corner of each page.

- ◆ Completed Scholarship Application Form
- ◆ Official school verification of 3.0 GPA
- ◆ Verification of paid chapter membership by February 15th
- ◆ Verification of paid SLC registration and competitive event participation
- ◆ Five-hundred (500) word double spaced, 12 pt. font, typed, essay on **"What Nursing Means to Me."**
- ◆ Verification and description of at least 75 hours of community service
- ◆ Two letters of recommendation one from the advisor, and one from a health care professional



Cal-HOSA Inez Tenzer Scholarship

Scholarship Application Form

The applicant must complete and submit the official Inez Tenzer Scholarship Application provided. This serves as the cover page of each application set. The applicant and local chapter advisor must sign this form.

Verification of GPA

The applicant must provide an official copy of their Grade Point Average (GPA) from their current school.

Verification of Membership

The applicant must provide verification of paid membership dues to National HOSA by February 15th .

Verification of SLC Registration

The applicant must provide verification of paid SLC registration and competitive event participation.

Essay Requirements

The applicant's typed essay must be a minimum of 500 words, double spaced, 12 pt. font addressing the following topics:

1. Applicant's intent to enter the nursing profession.
2. How the applicant is unique including academic, extracurricular and work experiences that makes them stand out.
3. A description of at least one personal characteristic that makes this person an asset to the nursing field.

Verification of Community Service

The applicant must provide a statement describing their 75 hours of community service activities.

Letters of Recommendation Requirement

Two (2) letters of recommendation are required for submission. One letter must be from the local chapter advisor and one letter must be from a healthcare professional.

- Local Cal-HOSA Chapter Advisor Recommendation Requirements

The chapter advisor letter must certify that the applicant is a member in good standing; maintains at least a 3.0 GPA; and has completed seventy-five (75) hours of community service.

- Healthcare Professional Recommendation Requirements

The healthcare professional letter should address the applicant's preparation and readiness for a career in the healthcare profession. It may also address qualities such as character, leadership, service, attitude, work ethic and employability skills.

Screening & Award Announcement

A panel of evaluators including one (1) Cal-HOSA state officer; one (1) Cal-HOSA, Inc. Board of Directors member; and one (1) health careers representative will review all applications. Scholarship announcements and honorees will be announced at a general session at the current years' SLC.

The top three candidates will give a five minute oral presentation at the SLC to the above committee and a member of Inez Tenzer's family. The scholarship recipient will be recognized at the 2009 SLC.

Submitting Applications

Cal-HOSA Inez Tenzer Scholarship application materials must be submitted by **February 17, 2009** .

Cal-HOSA Headquarters – Scholarship Applications
Carolyn Lee, Executive Director
7945 Vineyard Ave. D 4
Rancho Cucamonga, CA 91730



Cal-HOSA/Inez Tenzer Scholarship

Contact Information

| | |
|-------------------------|--------------------------|
| School and Chapter Name | Advisor's Name |
| School Address | Advisor's E-mail Address |
| Advisor's Work Phone | Advisor's Cell Number |

Scholarship Checklist

- Scholarship Application
- Verification of membership dues paid by February 15th
- 500 Word Typed Essay – Double spaced, 12 pt. font
- Verification of paid SLC registration and competitive events participation
- Letters of Recommendation
- Official school verification of 3.0 GPA
- Verification and description of at least 75 hours of community service

Note: Incomplete applications will not be considered



Cal-HOSA/Inez Tenzer Nursing Scholarship

Name of Applicant _____ Date _____

Chapter _____ Advisor _____

Year of HS Graduation _____ Post Secondary Nursing Program _____

| Evaluation Item | Not Demonstrated | Comments | Demonstrated | Points Earned |
|---|------------------|----------|--------------|---------------|
| Application Neat & Complete | 0 | | 5 | |
| Letters of Recommendation - Health Care Professional – preparation and readiness for healthcare professional career as well as qualities of character, leadership, service, attitude, work ethic and employability skills - Local Chapter Advisor - preparation and career readiness, CPA and community service | 0 | | 15 | |
| Verification of GPA (3.0) | 0 | | 10 | |
| Verification of paid HOSA dues | | | 7 | |
| Verification of Community Service 75 hrs | 0 | | 20 | |
| Verification of paid SLC registration and participation | 0 | | 8 | |
| | 0 | | 10 | |
| | | | | |
| Sub Total | | | 75 | |

Comments _____

Evaluator's Signature _____ Title _____

Date _____



Cal-HOSA/Inez Tenzer Nursing Scholarship Oral Presentation Evaluation

Name of Applicant _____ Date _____

Chapter _____ Advisor _____

| Evaluation Item | Not Demonstrated | Comments | Demonstrated | Points Earned |
|---|------------------|----------|--------------|---------------|
| Content of presentation | 0 | | 20 | |
| Grace, poise, posture, eye contact, animation | 0 | | 15 | |
| Voice projection | 0 | | 10 | |
| language mastery and grammar | 0 | | 10 | |
| Sub Total | | | 55 | |
| Sub Total page one | | | 75 | |
| Total | | | 130 | |

Comments _____

Evaluator's Signature _____ Title _____

Date _____