

Marion County Medical Society -- Memorial Scholarship Fund
Health Occupations Scholarship Application Form – Due March 24, 2017

Please type or print in blue or black ink.

FULL NAME: _____
FIRST MIDDLE LAST

HOME ADDRESS: _____

HOME PHONE NUMBER: () _____

SCHOOL NAME: _____

HOSA ADVISOR: _____

HEALTH SCIENCE PROGRAM NAME: _____

GPA—WEIGHTED: _____ GPA—UNWEIGHTED: _____

POST SECONDARY INSTITUTION NAME: _____

HEALTH RELATED FIELD FOR WHICH YOU WILL USE THE SCHOLARSHIP: _____

ALREADY APPLIED? YES NO ALREADY ACCEPTED INTO THE PROGRAM? YES NO

REFERENCES: (Include full name and address; these should be the same people who wrote your letters of reference and CANNOT be your HOSA Advisor)

1. Name: _____
 Address: _____
2. Name: _____
 Address: _____

COMPLETED APPLICATIONS MUST INCLUDE ALL OF THE FOLLOWING ITEMS
ALL ITEMS MUST BE ASSEMBLED IN THE ORDER BELOW TO BE CONSIDERED.

1. Cover sheet identifying the candidate and school
2. **Completed** Application
3. **Résumé** to include HOSA involvement, all leadership activities, and community involvement (List all activities on the résumé; however, more weight will be given to HOSA activities and HOSA leadership.) **Note: This should be a résumé, not just a list of activities.**
4. **Official** transcript (used to verify 3 credits of Health Science Education and GPA). An official transcript is sealed and stamped by your school.
5. Two personal **signed** letters of reference from non-family members. (Your HOSA Advisor/Health Science teacher may **NOT** be one of your personal references.)
6. Essay (350-750 words, double-spaced, 12-pt font) describing why you have chosen a health career, your occupational and personal goals, and other information such as financial need that may assist in the selection process. This narrative can play a large role in who is selected and should describe your passion for the healthcare industry.
7. Incomplete or incorrect application packets will **not** be considered.
8. Send or deliver application packet to Julie Connolley, FL Region 3 HOSA Advisor, c/o MCPS CTE Dept., 1014 SW 7th Rd, Ocala, FL 34471. All application packets must be received no later than **4:00 pm on March 24, 2017** to be considered.

I certify that all information in this application packet is true and correct to the best of my knowledge.

Applicant's Signature

Date

Marion County Medical Society Memorial Scholarship Fund HOSA Advisor/Health Science Teacher Reference Form*

Name of Student _____

Name of HOSA Advisor _____ (Advisor responsible for submitting form to Mrs. Connolley)

What are the first three words that come to your mind when describing this student?

1st _____ 2nd _____ 3rd _____

How many years has this student been an active member of the HOSA organization? _____

Evaluate the student on each characteristic by using the following scale:

- Excellent**—Outstanding potential based on demonstrated performance
- Above Average**—Demonstrates capabilities beyond peers
- Below Average**—Capabilities on a lower level scale than that of peers
- Poor**—Consistently does not exhibit characteristic
- N/A**—No basis for judgment

	Excel.	Above	Below	Poor	N/A
1. Respect for self and others	_____	_____	_____	_____	_____
2. Honest and trustworthy	_____	_____	_____	_____	_____
3. Accepts criticism	_____	_____	_____	_____	_____
4. Self-confidence	_____	_____	_____	_____	_____
5. Conflict resolution skills	_____	_____	_____	_____	_____
6. Responsibility	_____	_____	_____	_____	_____
7. Reliable	_____	_____	_____	_____	_____
8. Perseverance	_____	_____	_____	_____	_____
9. Communication skills	_____	_____	_____	_____	_____
10. Interpersonal relations	_____	_____	_____	_____	_____
11. Complies with school and Classroom regulations	_____	_____	_____	_____	_____
12. Independence	_____	_____	_____	_____	_____
13. Punctuality	_____	_____	_____	_____	_____
14. Leadership - General	_____	_____	_____	_____	_____
15. Leadership – HOSA	_____	_____	_____	_____	_____
16. Involvement in HOSA Activities	_____	_____	_____	_____	_____
17. Overall Impression	_____	_____	_____	_____	_____

Additional Comments:

Advisor Signature _____

Date _____

*This form **cannot** be completed by the same person who completes a personal letter of reference.