

Marion County Medical Society -- Memorial Scholarship Fund  
Health Occupations Scholarship Application Form – Due March 23, 2018

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)

- Name: \_\_\_\_\_  
Address: \_\_\_\_\_
- Name: \_\_\_\_\_  
Address: \_\_\_\_\_

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

- Cover sheet identifying the candidate and school
- Completed** Application
- 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.**
- Official** transcript (used to verify 3 credits of Health Science Education and GPA). An official transcript is sealed and stamped by your school.
- Two personal **signed** letters of reference from non-family members. (Your HOSA Advisor/Health Science teacher may **NOT** be one of your personal references.)
- 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.
- Incomplete or incorrect application packets will **not** be considered.
- Send or deliver application packet to Julie Connolley, FL Region 3 HOSA Advisor, c/o MCPS CTE Department, Building 3/Room 006, 1614 East Fort King Street, Ocala, FL 34471. All application packets must be received no later than 3:30 pm on March 23, 2018 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?**

1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

**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

	<b>Excel.</b>	<b>Above</b>	<b>Below</b>	<b>Poor</b>	<b>N/A</b>
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.