

# Ohio HOSA Scholarship Application

## Sponsored by the Ohio HOSA, Inc. Board of Directors

Qualifications to apply:

- Be a current affiliated member of Ohio and National HOSA
- Be a current Secondary High School Senior (Class of 2020) with the intent to enroll in a college or post-secondary institution. Current State HOSA Officers are not eligible to apply for this scholarship.

Scholarship Details:

- Two - \$1,000 scholarships will be awarded at the State Leadership Conference.
- The recipients must attend the SLC and will be awarded a certificate at that time.
- Upon acceptance and enrollment in a college, university, or post-secondary institution, the recipient must submit an official copy of their class schedule to the State Advisor by October 1, 2020. Upon receipt of such, Ohio HOSA will send a check to the recipient.
- Applications must be received by March 6, 2020 by 5 PM. Only complete applications will be considered.
- Complete applications must be mailed or emailed to the State Advisor
- Applications will be reviewed and selected by members of the Ohio HOSA, Inc. Board of Directors.
- All applicants and their advisor will be notified by email on or before April 1, 2019

Submit applications to:

Jim Scott, State Advisor  
5943 Ocala Court  
Galloway, OH 43119  
[Ohiohosa.14@gmail.com](mailto:Ohiohosa.14@gmail.com)

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

High School: \_\_\_\_\_

HOSA Chapter Advisor: \_\_\_\_\_

- Submit a copy of your school transcript showing current GPA and attendance with your application.

Respond to the following statements. (Maximum of 250 words for each). Submit your responses on a separate sheet with this cover sheet.

1. State your career goal.
2. Describe your participation/experiences within your local HOSA chapter, Ohio HOSA, and/or National HOSA.
3. Share any extracurricular activities you are involved with including school, church, community, etc.
4. Explain why you feel you are deserving of this scholarship.

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

Date \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Chapter Advisor Signature \_\_\_\_\_

Date \_\_\_\_\_