

2017-2018 Sue Alder Memorial Scholarship

PURPOSE

The Sue Alder Foundation was established in 1974 to honor the late Miss Sue Alder, former chief consultant, Health Occupations Education, Texas Education Agency. Because of her love for young people, she, among others, led the way toward initiation of the first recognized Career and Technology youth organization for Health Science students in the United States. Scholarship funds will be designated for scholarship grants for active secondary HOSA member applicants who desire to further their education in a health career.

DESCRIPTION OF EVENT

Scholarship application, essay, HOSA activities and community service documentation must be postmarked by HOSA State Conference registration deadline date and mailed in to:

**THOA Executive Director
Jackie Uselton, RDH, M.Ed., CPhT
18 Drifting Wind Run
Austin, TX 78738**

No applications will be accepted at the registration desk.

1. A THOA Scholarship Committee chaired by a member of the THOA Board of Directors will determine the selection of the recipient.
2. Scholarship benefits will be in the form of one \$500.00 grant for EACH AREA and one \$1,000.00 grant for the best in Texas based on the area submissions. These grants will be awarded annually at the HOSA State Leadership Conference during the Awards Ceremony.

SOURCE OF FUNDS

1. Funds administered directly by the scholarship fund come from:
 - a. memorials and direct contributions to the scholarship fund
 - b. designated funds from organizations which are channeled through the scholarship fund for review and selection by the scholarship committee to meet the appropriate student purposes for which funds are intended.
2. The scholarship money will be remitted directly to the educational institution by the THOA Treasurer after proof of enrollment is received by THOA Executive Director.

RULES AND PROCEDURES

Selection of scholarship recipients will be made according to academic record, community service and HOSA activity documentation, essay, and enrollment history in Health Science courses. Entries will be judged on the following basis:

20% Scholarship (Academic Record)
20% Community Service Documentation
20% HOSA Activities
20% Health Science Courses Taken
20% Essay

REQUIRED ELEMENTS

1. Completion of application.
2. Applicant must complete requirements for graduation from high school before September 1 of the year that the scholarship is awarded.
3. Request for monies must be made by December 1st in the year the scholarship is awarded.

2017-2018 Sue Alder Scholarship Application

Name: _____ DOB: _____

Home Address: _____ Phone: _____

_____ City _____ State _____ County _____ Zip Code _____

Email Address: _____

School: _____

Name _____ District _____

_____ City _____ State _____ County _____ Zip Code _____

Advisor-THOA Member Sponsor: _____

Sponsor Email Address: _____

HOSA National Charter #: _____ HOSA Texas Chapter #: _____

ACADEMIC RECORD:

1. Student ranks _____ in a class of _____ students. Quartile: _____

PLANS:

1. Expected Date of High School Graduation: _____

2. What college do you plan to attend? _____

OR

3. What accredited allied health program do you plan to attend? _____

4. What do you plan to major in? _____

OR

5. What allied health occupation do you plan to pursue? _____

LETTERS OF RECOMMENDATION:

Health Science Teacher

Mentor/Supervisor/Advisor

SUE ALDER SCHOLARSHIP APPLICATION CHECKLIST:

1. Applicant must provide proof of membership in state and national HOSA.
2. Applicant must provide proof that Advisor is a THOA member.
3. Applicant must attach an official transcript with grade point average.
4. Applicant must attach documentation of HOSA activities with Advisor signature.
5. Applicant must attach documentation of community service hours.
6. Applicant must attach documentation of school related activities.
7. Applicant must attach documentation of honors/awards.
8. Applicant must state the expected date of graduation on application.
9. Applicant must show evidence of application or acceptance to an accredited program in one of the allied health occupations or to an undergraduate program leading to completion of entrance requirements for one of the health science professions.
10. Attach two letters of recommendation (Health Science Instructor and Mentor/Supervisor/Advisor) stating your experience and interest in the health field.
11. Applicant must submit a typed essay regarding plans or interest in a health career. (Essay will not exceed 500 words and be grammatically correct. It must be double spaced, size 12, Cambria or Times New Roman font.)

I have complied with all of the above requirements & verified all information is correct.

_____ Signature of the Student	_____ Date	_____ Signature of the Parent	_____ Date
_____ Signature of Counselor	_____ Date	_____ Signature of Advisor/ THOA Member	_____ Date

PHOTO PERMISSION FOR THOA:

Many parents enjoy seeing their child’s picture in newspapers, on television, on the THOA website, and in other publications. However, some parents do not want their children identified for various reasons. In an effort to honor your wishes, we would like you to communicate your preference to us.

Release for Minors (Parent/Guardian Permission)

I, being Parent/Guardian of _____ (name of child) hereby consent that his/her name, image, and likeness, whether in photograph or electronic images, may be used by Texas Health Occupations Association, Inc., its assignees or successors, for purposes of promotion and print publications, free and clear of any claim whatsoever on my part.

Signature

Date