

# 2018-2019 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. She led the way toward initiation of the first recognized Career and Technology youth organization for Health Science students in the United States because of her love for young people. 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  
15601 Fox Run Dr.  
Austin, TX 78737**

**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 \$1,000.00 grant and two \$500.00 grants to 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 1<sup>st</sup> in the year the scholarship is awarded.

**2018-2019 Sue Alder Scholarship Application**

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

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
City State County Zip Code

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

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

Name District

\_\_\_\_\_  
City State County Zip Code

THOA Member Sponsor: \_\_\_\_\_

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

HOSA Texas Chapter #: \_\_\_\_\_ Area #: \_\_\_\_\_

**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

\_\_\_\_\_  
Academic Teacher/Coach/Counselor

**SUE ALDER SCHOLARSHIP APPICATION CHECKLIST:**

1. Applicant must provide proof of membership in state and national HOSA.
2. Applicant must attach a transcript with grade point average.
3. Applicant must attach documentation of HOSA activities with Advisor signature.
4. Applicant must attach documentation of community service hours.
5. Applicant must attach documentation of school related activities.
6. Applicant must attach documentation of honors/awards.
7. 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.
8. Attach two letters of recommendation (Health Science Instructor and academic teacher/coach/counselor) stating your experience and interest in the health field.
9. 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 THOA Sponsor

\_\_\_\_\_  
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