

2019-2020 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 (NOT the 2 page description), essay, HOSA activities and community service documentation must be postmarked by HOSA State Conference registration deadline date and mailed in to:

**THOA Executive Director
PO Box 161532
Austin, TX 78716**

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 awarded as follows: Each THOA Area will be eligible for one \$500 grant. One of those recipients will be awarded a \$1,000 grant. These grants will be awarded at the HOSA State Leadership Conference.

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.

2019-2020 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 APPLICATION CHECKLIST:

Please submit documentation in the order listed below.

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