

# Sue Alder 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 vocational youth organization for health occupations 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**

1. Scholarship application, essay and financial statement must be turned in at the on-site HOSA state conference registration.
2. A scholarship committee appointed by the THOA Executive Council will determine the selection of the recipient.
3. Scholarship benefits will be in the form of one \$1000.00 grant to be awarded annually at the HOSA state 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.

## **RULES AND PROCEDURES**

Selection of scholarship recipients will be made according to financial need and HOSA activities. Entries will be judged on the following basis: 25% scholarship (academic record), 25% financial need, 25% HOSA activities, and 25% Health Science Technology courses taken.

## **REQUIRED ELEMENTS:**

1. Completion of application as indicated.
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.

**Sue Alder Scholarship Application**

Name \_\_\_\_\_ DOB \_\_\_\_\_ SS # \_\_\_\_\_

Home Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

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City                      State                      County                      Zip Code

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

School \_\_\_\_\_

Name    District

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City    State    County

Advisor-THOA Member Sponsor: \_\_\_\_\_

HOSA National Charter # \_\_\_\_\_ HOSA Texas Chapter # \_\_\_\_\_

**RECORD:**

1. Student ranks \_\_\_\_\_ in a class of \_\_\_\_\_ students. Quartile \_\_\_\_\_

2. Test scores: SAT (total) \_\_\_\_\_ or ACT (composite) \_\_\_\_\_

3. List activities other than HOSA in school and out of school in which you have participated.


4. List responsible positions or jobs you have had in and out of high school.

_____	_____
_____	_____
_____	_____

5. List honors/awards you have received in high school.

_____	_____
_____	_____
_____	_____
_____	_____

**PLANS:**

1. Expected date of graduation. \_\_\_\_\_
2. What college do you plan to attend? \_\_\_\_\_
3. What do you plan to major in? \_\_\_\_\_

**FINANCIAL NEEDS:**

1. What is the total annual gross income of your parents? \$\_\_\_\_\_
2. What is the number of children in your family? \_\_\_\_\_
3. What is your rank in the family (oldest, youngest)? \_\_\_\_\_
4. Are any other family members currently enrolled in college? Yes or No
5. How many other members in college? \_\_\_\_\_
6. Do you have a part-time job? Yes or No
7. If so, what is your annual income? \$\_\_\_\_\_



Entries will be judged on the following basis: 25% scholarship (academic record), 25% financial need, 25% HOSA activities, and 25% Health Science Technology course taken.

**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.

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\_\_\_\_SIGNATURE OF PARENT/GUARDIAN

DATE