



# Scholarship Application Process

**DEADLINE, FEBRUARY 10, 2022**

## APPLICATION PROCESS:

### WHO MAY APPLY:

- The scholarship is available to any Health Science student who is either a secondary senior or any post-secondary student who plans to continue or further his/her education in the healthcare field.
- The applicant must be currently enrolled or have been enrolled in a health science class(es).
- The applicant must be an active member of HOSA.
- The applicant must be a HOSA member in good standing.

### SCHOLARSHIP PROCESS:

The application must be submitted through [TALLO](#). The application must be grammatically correct and received by the **deadline, February 10, 2022**, to be considered.

***Mailed or faxed application will NOT be accepted.***

***Incomplete and late submissions will NOT be considered.***

- All applications are reviewed by a designated scholarship selection committee. The selection committee will make the final decision on all scholarship awards.
- The amount and number of the scholarships will vary from year to year.
- There is no limit to the number of applications per school.
- The winners of South Carolina HOSA scholarship awards will be announced at the state leadership conference (SLC). However, you are not required to attend the SLC to receive a scholarship award.
- The scholarship award will be forwarded directly to the school, college, or university upon receipt of documentation verifying the recipient's enrollment at that school, college or university.  
Also, if awarded a scholarship, you are required to complete a [Transfer Funds Form](#).



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The following items **MUST** be included as part of the online scholarship application and uploaded where indicated by the deadline, **February 10, 2022.**

**If items require a signature, you must print the form, get the appropriate signature(s), scan and upload as indicated in the online application.**

**All uploaded documents must have applicant's name and document name at the top of each page. All documents must be in PDF format.**

1. *Further Education*—Indicate the post-secondary health science program or major 2- year college or 4- year course of study at the college or university you plan to attend.
  - a. If acceptance letter is available, upload a copy as indicated in the TALLO application.
  - b. If not available, please upload a statement indicating not currently available and describe your plans.
2. Transcript of grades
3. *\*List your HOSA **ONLY** leadership roles and activities; substantiating evidence of leadership responsibilities and characteristics through activities, include offices held, awards and HOSA and personal involvement.*
4. *\*\*List all OTHER school leadership roles, activities, honors, educational societies or offices held, indicating the quality of your academic performance/leadership, **NOT** related to HOSA.*
5. *\*\*\*Community-Involvement: include your community service activities, volunteer experience, time invested and a description of each activity.*
6. Personal Statement – How HOSA has played a part in your future goals.
  - a. Describe three exemplary qualities gained through your HOSA experiences
  - b. How you can use them in your future college or community career.



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7. **Three** reference letters are required.
- a. References may be provided by the following:
    - i. A teacher, advisor, principal, or school counselor
    - ii. An employer or community leader
    - iii. A source other than a relative
  - b. References should include:
    - i. Individual's knowledge of the applicant's scholarship, leadership abilities, interpersonal skills and character.
    - ii. Name, email address and phone number of the reference writer must be included in the reference letter.
  - c. **Reference letters may be uploaded in the TALLO Scholarship Application or emailed directly to [schosa@outlook.com](mailto:schosa@outlook.com) with "Scholarship/Student's Name" in the subject line.**

If you do not receive a confirmation email or have any questions, please contact, [schosa@outlook.com](mailto:schosa@outlook.com)

**Good Luck!**

**\* Please follow this format on the document you will upload for # 3**

Your name & document name		
Year	HOSA Office held/Committee/Activity/Membership	Responsibility

**\*\* Please follow this format on the document you will upload for #4**

Your name & document name		
Year	Other School Related – Non HOSA Leadership Activities	Responsibility

**\*\*\*Please follow this format on the document you will upload for #5**

Your name & document name			
Year	Community Activity/Event	How you were involved	Time Invested