

The mission of HOSA is to empower HOSA-Future Health Professionals to become leaders in the global health community through education, collaboration, and experience.

GENERAL INFORMATION

To assist students who are pursuing healthcare goals, Kansas HOSA will award one scholarship per year. Each scholarship is a one-time award in the amount of \$300. Scholarships are for high school junior or senior members.

- Each scholarship is only awarded to active paid members of Kansas HOSA. These scholarships may be used for tuition, books, or tools of the trade.
- The Scholarship Committee will award the scholarships. The winner of the Kansas HOSA Rob Fields Scholarship will be announced at the Closing Session of the annual *Kansas HOSA Spring Leadership Conference*

TO APPLY, FOLLOW THE STEPS LISTED BELOW:

1. Complete the entire application form.
2. Obtain all the necessary signatures requested.
3. Email completed application to Kansas HOSA Attn: Tina Goosz, tgoosz@kumc.edu by 3/11.

SEND YOUR COMPLETED APPLICATION TO:

EMAIL: Tina Goosz, tgoosz@kumc.edu

PLEASE TYPE – APPLICANT INFORMATION

Application for the school year 2022 to 2023.		
NAME		
ADDRESS	CITY	ZIP
PHONE (INCLUDE AREA CODE)	EMAIL	
SCHOOL NAME		
SCHOOL ADDRESS	CITY	ZIP
ADVISOR NAME	PHONE (INCLUDE AREA CODE)	EMAIL

REQUIRED SIGNATURES

APPLICANT	DATE
PARENT/GUARDIAN (if applicant is under 18 by March 1)	DATE
ADVISOR	DATE
SCHOOL ADMINISTRATOR	DATE

DO NOT NAME YOUR SCHOOL OR ADVISOR ON THE NEXT 2 PAGES.

(NOTE: POINTS WILL BE DEDUCTED FOR MISSING & INCOMPLETE INFORMATION.)

WHAT DATES WERE YOU AN ACTIVE DUES PAID MEMBER OF Kansas HOSA? ____/____/____ - ____/____/____	CUMULATIVE G.P.A.	RANK IN CLASS	SIZE OF GRADUATING CLASS
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Signature of School's Registrar _____ Date _____

All Applicants Complete:

ACTIVITIES & AWARDS
LIST OFFICES, IF ANY, HELD IN THE KANSAS HOSA ORGANIZATION:
LIST THE KANSAS HOSA ACTIVITIES YOU HAVE BEEN INVOLVED WITH DURING THE CURRENT SCHOOL-YEAR:
HONORS/AWARDS RECEIVED WHILE A MEMBER OF THE KANSAS HOSA ORGANIZATION:
LEADERSHIP AND PARTICIPATION IN OTHER HIGH SCHOOL AND COMMUNITY ACTIVITIES:

OCCUPATIONAL OR WORK EXPERIENCE			
POSITION	EMPLOYER	CITY	DATES (MM/YY) __/__/__ - __/__/__
POSITION	EMPLOYER	CITY	DATES (MM/YY) __/__/__ - __/__/__
POSITION	EMPLOYER	CITY	DATES (MM/YY) __/__/__ - __/__/__
POSITION	EMPLOYER	CITY	DATES (MM/YY) __/__/__ - __/__/__

CAREER GOALS

COURSES IN OCCUPATIONAL AREA:

EXPLAIN YOUR OCCUPATIONAL AND/OR EDUCATIONAL GOALS (ATTACH 1 ADDITIONAL PAGE IF NECESSARY):

FINANCIAL NEED

EXPLAIN YOUR NEED FOR FINANCIAL AID (ANTICIPATED EXPENSES OF YOUR OCCUPATIONAL GOAL, OTHER SOURCES OF FINANCIAL SUPPORT, ETC.):

IF AWARDED, EXPLAIN HOW YOU WILL USE THE FUNDS (I.E. TOOLS OF THE TRADE, FURTHER EDUCATION, ETC.):