

Catherine Alexander Memorial Scholarship

IN LOVING MEMORY OF



Cathy

Must be emailed to lmthompson@k12.wv.us
by January 11, 2019

CATHY ALEXANDER MEMORIAL SCHOLARSHIP

WEST VIRGINIA HOSA FUTURE HEALTH PROFESSIONALS

ELIGIBILITY REQUIREMENTS:

The recipient of the WV HOSA Cathy Alexander Memorial Scholarship must:

- Be a Senior and have been enrolled within the Health Science Education Program
- Be a member in good standing of HOSA for a minimum of two years
- Have a minimum GPA of 3.0
- Plan to pursue a career in the field of healthcare as evidenced by application or acceptance into a postsecondary educational program (instructors please verify this)

SELECTION CRITERIA:

The recipient will be selected primarily on the basis of involvement within the HOSA organization during the minimum two-year membership. Additional selection criteria will include but is not limited to:

- Scholastic Achievement
- Community Service
- Citizenship
- Leadership

APPLICATION REQUIREMENTS:

The following items must be submitted by the established date. Neatness, organization, and completeness of the required items will be considered during the selection process.

- Completed Application Form
- 500 Word Essay
 - How has membership in HOSA helped your educational process and how will receiving this scholarship help you with reaching your career goals?
- Proof of Application or acceptance into a postsecondary education program (the HOSA advisor must verify this).

*Please note: False information on the application materials will result in disqualification.

APPLICATION

CATHY ALEXANDER MEMORIAL SCHOLARSHIP

West Virginia HOSA: Future Health Professionals

(Please complete the following application. Email the application and essay to lmthompson@k12.wv.us) RETURN BY 1/11/2019

Personal Data

NAME: _____

HOME ADDRESS: _____

HOME PHONE: _____ E-MAIL: _____

SCHOOL NAME: _____

SCHOOL ADDRESS: _____

CITY _____ STATE _____ ZIP _____

CAREER GOAL (Be specific as to health care area – nurse, doctor, physical therapist, etc.)

HAVE YOU BEEN ACCEPTED TO A POSTSECONDARY OR COLLEGIATE PROGRAM TO PURSUE YOUR EDUCATION AS OF THIS SUBMISSION? _____ YES _____ NO

IF YES, PLEASE PROVIDE INSTITUTION NAME. _____

I, _____, local advisor, verify that _____

has been accepted into the above-mentioned institution. _____

Signature

LIST OVERALL GPA in your Health Science Education Courses: _____

LIST OVERALL GPA (must be converted to a 4.0 scale): _____

[If you are in an Honors program, please convert your GPA to a 4.0 scale.]

List any offices you have held in HOSA (local and/or state).

List any awards or honors you have won as a result of your participation in HOSA

List community service projects you have participated in while enrolled in the Health Science Education Program.

List any other school or community organizations that you have been involved in other than HOSA.

Applicant Name: _____

RATING SHEET

(Please do NOT complete or send as part of the application.)

	10	8	6	4	2	TOTAL POINTS
OVERALL GPA	3.8 or higher	3.6-3.79	3.4-3.59	3.2-3.39	3.0-3.19	
HSE Program GPA	3.8 or higher	3.6-3.79	3.4-3.59	3.2-3.39	3.0-3.19	
APPLICATION	Neat, No errors	Neat, less than 3 errors	Neat, less than 5 errors	Legible, 5-10 errors	Legible, more than 10 errors	
ESSAY	Typed, no errors. Relevant to question posed	Typed, less than 3 errors. Relevant to question posed.	Typed, less than 5 errors. Relevant to question posed.	Typed, more than 5 errors. Relevant to question posed.	No Essay turned in	
HOSA Offices Held	State Officer	Local President	Local Vice President	Other Office held	No office held	
Awards	5 or more awards	4 awards	3 awards	2 awards	No awards	
Community Service Projects	100 or more hours	75 or more hours	50 or more hours	25 or more hours	No Community Service	
Other Organizations	Participant in 4 or more	Participant in 3	Participant in 2	Participant in 1	No other organization involvement	
Total Points						

Comments: _____
