



**NJ HOSA  
PARMAR COMMUNITY SERVICE  
SCHOLARSHIP APPLICATION**

The State Association of New Jersey HOSA has instituted the new community service scholarships. The purpose of this scholarship is to encourage Health Science students to become contributing members of their communities by performing community service. Based on the applicant's community service efforts and academic standing, the **PARMAR COMMUNITY SERVICE SCHOLARSHIP** will recognize two HOSA members and award each a (\$500) five hundred dollar scholarship.

**The Application Deadline is March 2, 2012. Send all applications and required documentation to:**

Marie Laney, NJ HOSA  
Gloucester County Institute of Technology  
1360 Tanyard Road  
Sewell, NJ 08080

NOTE: It is the responsibility of the scholarship winners to complete the form given to them at the awards ceremony and return it to the NJ HOSA State Advisor.



## NJ HOSA PARMAR COMMUNITY SERVICE SCHOLARSHIP APPLICATION CRITERIA

1. All scholarship applicants must be active members of NJ HOSA in good academic standing completing their senior year in high school and contemplating a health science post-secondary education.
2. HOSA members need to complete a minimum of fifty (50) hours of community service to qualify.

**NOTE: Not all volunteer hours provide community service. Only community service hours will be accepted.**

**Examples of Approved Community Service:**

- Hospital/health facility volunteer
- Rescue squad volunteer
- Volunteer at Special Olympics
- Church activities that serve the community at-large
- Fundraising for charity or the community (American Red Cross, March of Dimes, Afghanistan Children's Fund, Salvation Army, etc.)
- Hospice volunteer
- Volunteer at a senior center
- HOSA activities that serve the community - in the community
- Community service with another volunteer agency

**Examples** of volunteer activities that are **NOT** approved for this award:

- Activities at school or during school hours
- Activities done as a school assignment, even if performed outside of school hours
- Service to a church (singing in the choir, teaching Sunday School, activities for the congregation, etc.)
- Fundraising or service to an organization to which the member belongs
- HOSA activities that promote HOSA (parade float, fair booth, etc.)
- Activities as part of the HOSA National Service Project

3. **Applications for this scholarship must be properly filled out and received by the State HOSA office by the published state conference deadline.** The application will reflect the HOSA member's volunteer service to his or her community. **Proof of community service MUST BE VERIFIED** in an official letter or certificate of volunteer service from the sponsoring organization or agency where the volunteer service took place. When a letter is presented, it must meet the following criteria:

- Must be on official letterhead or other form of official documentation.
- Must be signed by an organizational representative.
- Must indicate the total hours of **volunteer** community service.
- Must include the dates of service. Only hours that occur during the current academic year (9/2011- 3/2012) may be counted in award year.

4. All applicants must submit the following items with their application:

1) Official transcript and verification of grades from the school's guidance department.

2) An essay that covers the following points:

- Your community service activities and how it has affected you and those you served.
- How you feel HOSA activities have helped you.
- Anything else of interest about yourself that may support your application.

3) Three (3) letters of recommendation:

- One (1) from your advisor
- Two (2) from other sources, i.e. Guidance counselor, Teacher (other than your advisor), Principal, Employer, or Other. **NOTE: No references may be from family members.**

4) Proof of application to or acceptance into an appropriate post-secondary program.



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5. All applicants must participate in a scholarship interview which will be held at the NJ HOSA State Conference.
6. A committee will review the application for meeting the standards set forth in these guidelines. Applications that are incomplete, unsigned, or do not meet the requirements will NOT be considered for this award.
7. The committee will rely on the application and materials, as well as the interview in making their final decisions.
8. A parent or guardian must sign the application (if HOSA member is under 18 years of age).



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**Please read the application carefully and answer all questions. All the information given in the application, including academic performance records, are kept strictly confidential. Application must be signed and completed in its entirety to be considered for award by NJHOSA.**

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**TYPE THE FOLLOWING INFORMATION:**

Academic Year: \_\_\_\_\_ to \_\_\_\_\_ Date of Application: \_\_\_\_\_

Applicant's Name:

\_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street / Apt)

\_\_\_\_\_ (City) (State) (Zip)

Home Phone: \_\_\_\_\_  
(\_\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

HOSA Chapter Number: \_\_\_\_\_ School: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

Program in which you are enrolled: \_\_\_\_\_

College or Institutions applied to:

First choice: \_\_\_\_\_ Accepted \_\_\_ Rejected \_\_\_ Have not heard \_\_\_

Second choice: \_\_\_\_\_ Accepted \_\_\_ Rejected \_\_\_ Have not heard \_\_\_

Third choice: \_\_\_\_\_ Accepted \_\_\_ Rejected \_\_\_ Have not heard \_\_\_

If you have been accepted, complete the information for the school that you will be attending in the coming year.

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_  
(Street / Apt)

\_\_\_\_\_ (City) (State) (Zip)

Prospective Major:

\_\_\_\_\_

Career Path: \_\_\_\_\_



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**SCHOLARSHIP AND FINANCIAL AID APPLIED FOR:**

List all other scholarships/financial aid applied for and indicate if received below:

1. \_\_\_\_\_ 3. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_

**HOSA INFORMATION**

Number of years in HOSA: \_\_\_\_\_

Offices held in HOSA : \_\_\_\_\_

List the HOSA activities in which you have been involved:

1. \_\_\_\_\_ 4. \_\_\_\_\_  
2. \_\_\_\_\_ 5. \_\_\_\_\_  
3. \_\_\_\_\_ 6. \_\_\_\_\_

(You may give more details on a separate sheet)

**HOSA COMPETITIONS**

List the competitive events you have entered

1. \_\_\_\_\_ 4. \_\_\_\_\_  
2. \_\_\_\_\_ 5. \_\_\_\_\_  
3. \_\_\_\_\_ 6. \_\_\_\_\_

**HOSA AWARDS AND HONORS**

1. \_\_\_\_\_ 4. \_\_\_\_\_  
2. \_\_\_\_\_ 5. \_\_\_\_\_  
3. \_\_\_\_\_ 6. \_\_\_\_\_



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**OTHER ACTIVITIES (SCHOOL, COMMUNITY OR SOCIAL)**

1. \_\_\_\_\_ 3. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_

**OFFICES HELD IN OTHER ORGANIZATIONS**

Name of Organization: \_\_\_\_\_ Position: \_\_\_\_\_

Name of Organization: \_\_\_\_\_ Position: \_\_\_\_\_

Name of Organization: \_\_\_\_\_ Position: \_\_\_\_\_

**EMPLOYMENT OR POSITIONS HELD WHILE ENROLLED IN THE HEALTH OCCUPATIONS  
EDUCATION PROGRAM:**

Employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Dates: \_\_\_\_\_

I attest that all the information in this application is true to the best of my knowledge.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_



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**For Screening Only**

**Superior (4 or 5 points) Average (2-3 points) Below Average (1 point)**

- |  |                |              |
|--|----------------|--------------|
| ___ (1) Scholarship Application                  | Incomplete ___ | Complete ___ |
| ___ (2) Minimum of 50 hours of Community Service | Incomplete ___ | Complete ___ |
| ___ (3) Community Service Verification Letters   | Incomplete ___ | Complete ___ |
| ___ (2) Personal Essay                           | Incomplete ___ | Complete ___ |
| ___ (3) Transcript & Grade Verification          | Incomplete ___ | Complete ___ |

\_\_\_ (4) Three Letters of Recommendation

Chapter Advisor (required recommendation): \_\_\_\_\_

*Two additional recommendations:*

Guidance Counselor: \_\_\_\_\_

Other Teacher: \_\_\_\_\_

Principal: \_\_\_\_\_

Other: \_\_\_\_\_

- |  |                |              |
|--|----------------|--------------|
| ___ (5) Proof of Acceptance<br>or application to postsecondary education | Incomplete ___ | Complete ___ |
| ___ (6) Proper Signatures  | Incomplete ___ | Complete ___ |
| ___ (7) Participation in Scholarship Interview                           | Incomplete ___ | Complete ___ |

TOTAL POINTS: \_\_\_\_\_

Ranking: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_