



Missouri HOSA 2026 Scholarship Application

| | |
|--|------------------------------------|
| First and Last Name of Applicant: | |
| Home Address: | |
| Phone Number: | Personal Email Address: |
| Current School: | Local Chapter Advisor Name: |

Proof of Acceptance

Provide proof of acceptance into a post-secondary institution. Only one acceptance letter need be submitted.

Current Resume

Provide a copy of your resume. Highlight any employment, leadership, and community involvements. Include a list of activities such as offices held, awards and honors, HOSA involvement, community service activities, volunteer, and leadership experiences, etc.

Personal Statement

Applicants must submit a typed 500-750 word statement including the following information. Please title each section using the prompts below:

- Reason(s) why you chose to pursue a health-related career.
- Specific career goal.
- Financial need, include what the scholarship will enable you to do and why it is important to you.
- Contributions to your local HOSA chapter (your legacy).

References

One reference letter should be submitted with the application.

- References should document the applicant’s academic, leadership abilities, interpersonal skills, integrity, and potential in the health profession.

Member Certification:

Your Local Chapter Advisor must sign below (or submit a letter) certifying that you are a member in good standing with their chapter.

TO BE COMPLETED BY THE LOCAL CHAPTER ADVISOR.

I certify that this applicant is a HOSA member in good standing. They have dues paid and have met any other local chapter requirements for membership in HOSA.

Signature of Chapter Advisor

Printed Name

Date



Missouri HOSA 2026 Scholarship Application Rating Scale

The following criteria will be used to rate the applications as part of the final selection process.
Please do NOT complete or send as part of the application, this is for your reference.

General Application: 1 point maximum

Your full name, home address, phone number, personal email address, current school name, Local Chapter Advisor name.

Proof of Acceptance for High Education: 1 point maximum

Evidence of acceptance into a preferred accredited post-secondary institution for the following academic year.

Resume: 2 points maximum

Highlight any employment, leadership, and community involvements. Include a list of activities such as offices held, awards and honors, HOSA involvement, community service activities, volunteer, and leadership experiences, etc.

Personal Statement: 10 points maximum

Applicants must submit a 500-750 word statement including the following information. Please title each section using the prompts below.

- Reason(s) why you chose to pursue a health-related career.
- Specific career goal.
- Financial need, including what the scholarship will enable you to do and why this scholarship is important to you.
- Contributions to your local HOSA chapter (your legacy).

Professionalism: 1 point maximum

Correct grammar and spelling is used throughout the resume and personal statement. Resume follows an acceptable format. Experiences are listed in reverse chronological order.

Reference Letter: 5 points maximum

Reference should document the applicant's scholarship, leadership abilities, interpersonal skills, integrity, and potential in the health profession.

TOTAL POINTS: 20 points