

North Dakota HOSA - Future Health Professionals 2025 Scholarship HOSA - FUTURE HEALTH PROFESSIONALS | ND HOSA

Deadline: 03/01/2025 at 11:59 PM CT

ND HOSA in partnership with Sanford Health is pleased to announce:

A \$1000 ND HOSA scholarship awarded to a senior State Officer as well as two \$500 scholarships will be awarded to one deserving local high school senior and post-secondary/collegiate member at the 2025 State Leadership Conference.

PROCEDURE

1. These scholarships are available to ND HOSA members in their senior year of high school who plan to continue or further their education in the health field at a post-secondary institution, OR to a member who is currently enrolled in a health-related program at a post-secondary institution in North Dakota. The student must be nationally affiliated, dues paid member of a ND HOSA secondary or postsecondary chapter for the current year.
2. All application materials must be complete in order for the applicant to be eligible for a scholarship. Incomplete applications will not be considered. This includes two reference forms, resume, transcript, etc.
3. Materials submitted with the application must be typed, grammatically correct, complete, and submitted to liquid file link provided below:
<https://sendfiles.ndus.edu/filedrop/~HTZDRS> for acceptance and review by ND HOSA.
4. The [Application Form](#) is to be submitted by the student applicant.
5. There is no limit to the number of applications per school.
6. Applications must be submitted no later than March 1, 2025 for consideration. The application will close after March 1, 2025.
7. The Scholarship Review Committee will make the final decision on scholarship awards. The **Scholarship Application Rating Sheet (listed below)** will be used to rate the applications as part of the final selection process.
8. Scholarship recipients will be announced at the State Leadership Conference.
9. Scholarship recipients will receive their monetary award after successful completion of the first semester of the following school year of post-secondary education. A transcript with a cumulative GPA of 3.0 or higher is required for proof of successful completion.
10. The transcript should be emailed to ndahec@mayvillestate.edu no later than January 1, 2026. After this date all scholarship awards are forfeited. After first semester successful

completion verification, a check for the monetary award will be mailed to the recipient address provided on the scholarship application.

11. The recipient is not required to attend the SLC in order to receive his/her/their award but must have a proxy accept the award on his/her/their behalf.

ND HOSA SCHOLARSHIP CRITERIA

1. The student must be a nationally affiliated dues paid member for the current year by March 1.
2. The scholarship application packet must include the following:

General Application Information: Your full name, home address, phone number, personal email address, current school name, HOSA advisor name.

Transcript: A current, official or unofficial transcript.

Proof of Acceptance: Evidence of acceptance into a preferred accredited post- secondary institution for the following academic year, more than one acceptance letter can be submitted.

Current 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 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 the local HOSA chapter
- * For State Officers Applicants—must include contributions to ND HOSA*

References: Two (2) written reference forms are required.

[Link to Reference Form:](#)

References should document the applicant's scholarship, leadership abilities, interpersonal skills, integrity, and potential in the health profession. Submit one reference from each of the following categories:

- Local HOSA advisor
- An employer, volunteer coordinator, or other community member (non-family member)

REQUIREMENTS

Please verify that you meet all of the requirements by checking the box next to each one.

- ND HOSA Affiliated Member in Good Standing (Dues Paid)
- Accepted to or Attending a Post-Secondary Institution/College
- Pursuing Health Professions Field in Higher Education
- Application Complete and Materials Submitted

ND HOSA - Future Health Professionals

2025 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.

1. **General Application:** 2 point maximum

Your full name, home address, phone number, personal email address, current school name, HOSA advisor name and your career goal. All materials required for submission must be submitted in the secured liquid file link: <https://sendfiles.ndus.edu/filedrop/~HTZDRS>

2. **Transcript:** 2 points maximum

Courses taken (Emphasis on rigorous courses - health science specific courses AND academic courses (math, science, ELA, technology, etc.) pertinent to the career pathway.

3. **Proof of Acceptance for Higher Education:** 1 point maximum

Evidence of acceptance into a preferred accredited post-secondary institution for the following academic year, more than one acceptance letter can be submitted.

4. **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.

5. **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 the local HOSA chapter (your legacy). State Officer applicants, must include ND HOSA contributions.
- Explanation of how your experience as a HOSA member contributed to your personal and professional growth.

6. **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.

7. **References:** 2 points maximum

Two (2) written reference forms are required. [Link to Reference Form](#). References should document the applicant's scholarship, leadership abilities, interpersonal skills, integrity, and potential in the health profession. **Submit one reference from each of the following categories:**

- o Local HOSA advisor
- o An employer, volunteer coordinator, or other community member (non-family member)

TOTAL POINTS: 20 points