

2022 Sue Alder Memorial Scholarship

DESCRIPTION

The Sue Alder Foundation was established in 1974 to honor the late Miss Sue Alder RN, former Chief Consultant for Health Occupations Education at the Texas Education Agency. One of her accolades is the work she participated with titled the Task Force on Education for the Texas Coordinating Board Nursing Project during the 1970's. This project was directed to help with nursing shortage throughout the state of Texas. Out of her love for young people, Miss Alder led the way for the first recognized Career and Technology youth organization for Health Science students in the United States.

The Texas Health Occupations Association Organization (THOA), a 501c organization, designates funds for memorial scholarship grant(s) in her name.

SUSTAINABILITY

THOA accepts tax deductible donations for this scholarship.

DELIVERY OF AWARD

The scholarship(s) recipient(s) are announced at the THOA summer conference, and the checks are mailed to the winner's post-secondary institution for the fall semester entry by the THOA Executive director.

Recipient(s) of this scholarship are high school senior HOSA member applicant(s) who desire to further their health career education in a postsecondary institution.

SELECTION PROCESS

A THOA scholarship committee led by a THOA board member chair will review and determine the recipient(s). Each HOSA area (1-7) * may have one \$500.00 scholarship recipient. In addition, there will be one \$1000.00 scholarship selected from the 7* area winners.

*As areas grow in Texas, more areas may be represented, and Awards may be adjusted.

PROCESS

The completed mailed submission will contain:

1. Completed application,
2. Proof of HOSA state and national membership,
3. High school transcript with GPA,
4. HOSA activities with Chapter Advisor signature,
5. Community Service documentation (the receiving organization sponsor signature),
6. School-related activities (with school sponsor signature),
7. Honors /awards with documentation (sponsor),
8. 2 letters of recommendation:
One from the student's THOA and HOSA advisor, then, one from an academic/coach/counselor that recognizes the applicant's interest in continuing studies in health careers. If separate individuals from HOSA/THOA- the total of letters for recommendation will be 3.
9. An Essay (typed 500 words, grammatically correct, double spaced, 12 sized Cambria or Times New Roman font) by the applicant explaining their plans to continue in a health career), and
10. Proof of enrollment in post-secondary health science education for the fall semester after graduation. The THOA executive director will mail the award to the institution the student has been accepted and enrolled to be applied to the student's fees.

2022 Sue Alder Memorial Scholarship Application

Name: _____ DOB: _____

Home Address: _____

City: _____ State: _____ Zip Code _____

County: _____ Phone: _____

Applicant Email: _____

School: _____ District: _____

City: _____ State: _____ Zip Code _____

County: _____

THOA and HOSA member sponsor name: _____

Email address: _____

If not the same person - add the HOSA sponsor name here: _____

Email address: _____

HOSA Texas Chapter #: _____ Area #: _____

Post-Secondary plans:

1. Expected Date of High School Graduation _____
2. What post-secondary institution do you plan to attend? _____ OR #3
3. What accredited allied health program do you plan to attend? _____
4. What will be your major? _____ OR #5
5. What allied health occupation do you plan to pursue? _____

Letter(s) of recommendation:

Health Science Teacher _____

Academic Teacher/Coach/counselor name: _____

SUE ALDER SCHOLARSHIP APPLICATION CHECKLIST:

Please submit documentation in the order listed below.

- 1. Applicant must provide proof of membership in state and national HOSA.**
- 2. Applicant must attach a transcript with grade point average.**
- 3. Applicant must attach documentation of HOSA activities with Advisor signature.**
- 4. Applicant must attach documentation of community service hours.**
- 5. Applicant must attach documentation of school related activities.**
- 6. Applicant must attach documentation of honors/awards.**
- 7. Applicant must show evidence of application or acceptance to an accredited program in allied health occupations or to an undergraduate program leading to completion of entrance requirements for one of the health science professions.**
- 8. Attach two letters of recommendation (Health Science Instructor and academic teacher/coach/counselor) stating your experience and interest in the health field.**
- 9. Applicant must submit a typed essay regarding plans or interest in a health career. (Essay will not exceed 500 words and be grammatically correct. It must be double spaced, size 12, Cambria or Times New Roman font.)**

I have complied with all of the above requirements & verified all information is correct.

Signature of the Student **Date**

Signature of the Parent **Date**

Signature of THOA Sponsor **Date**

PHOTO PERMISSION FOR THOA:

Many parents enjoy seeing their child’s picture in newspapers, on television, on the THOA website, and in other publications. However, some parents do not want their children identified for various reasons. In an effort to honor your wishes, we would like you to communicate your preference to us.

Release for Minors (Parent/Guardian Permission)

I, being Parent/Guardian of _____ (name of child)

hereby consent that his/her name, image, and likeness, whether in photograph or electronic images, may be used by Texas Health Occupations Association, Inc., its assignees or successors, for purposes of promotion and print publications, free and clear of any claim whatsoever on my part.

Signature of Parent/Guardian **Date**

