

Iowa Health Educators Association Scholarship Application

Form

Application Deadline May 1, 2017

The Iowa Health Educators Association has established a scholarship opportunity of a \$500 college scholarship to a student enrolled in a health care career/technical education program that results in a certificate, diploma or Associate's degree at an Iowa community college in the Fall of 2017. Awards will be made directly to the College designated by the awardee.

Please complete the application carefully before submitting. All winners will be notified on or before June 1, 2017.

Please insure you have submitted all required information to be considered for the IHEA Annual scholarship.

- Completed application
 - Personal Essay
 - Reference from a school official, employer, or other non-relative.
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* denotes required field

I. Personal Data

Tell us about yourself:

Full Name *

First Name	Middle Name/Initial	Last Name	Suffix
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Birthdate *

MM/DD/YYYY

Mobile Phone Number *

include area code

Email Address *

_____@_____

Home address*

Street Address

Street Address Line 2

City

State

Postal/Zip Code

Information regarding gender, ethnic origin, and race are optional. The information is requested for post-scholarship report generation only and in no way affects your selection for college scholarship awards.

(Please place an X in the corresponding circle)

Gender: Male Female

Are you a US Citizen? Yes No

Ethnic Origin:

- Hispanic
- Non-Hispanic
- Not indicated

Race: (Choose one or more)

- White
- Black or African American
- Asian
- American Indian or Alaskan Native Hawaiian or Other Pacific Islander
- Non-resident Alien

Please check veteran status (Check all that apply)

- Veteran
- Child of a Veteran
- Grandchild of a Veteran
- Spouse of a Veteran
- None of the Above

Are you a first generation college student?

- Yes, I am the first among my parents or grandparents to attend college.
- No, either my parents or grandparents have attended college.

II. High School Information

* Are you or will you be a High School graduate by June 2017?

- Yes No

* High School Attended: _____

* Year of High School Graduation or HS Equivalency diploma: _____

* Most recent cumulative High School GPA: _____

* High School activities, community activities, volunteer work, offices held, or honors: (100 words or less)

* **Status at time of application:**

- I will graduate High School in Spring 2017
- I will be an incoming 2017 freshman graduating High School prior to Spring 2017
- I have attended college but have less than 32 college credit hours
- I have attended college and have 32 or more college credit hours
- I am a High School equivalency graduate with no college credit hours

* **What is your career objective?** (100 words or less)

III. College information

* Have you submitted an application for admission to your college of choice? Yes No

* What Iowa Community College will you attend in Fall 2017? _____

* What will be your College Major in Fall 2017? _____

If applicable, most recent college attended and cumulative transfer GPA: _____

Approximate credit hours completed by May 2017: _____

Current Cumulative College GPA: _____

College activities, honors, offices held, etc.:

*What is your anticipated College graduation date for your Health career? _____

IV. Extras

Do you plan to transfer to another college to complete a 4-year degree? Yes No I Don't Know

* Will you be working while attending college? Yes No

If so, will you work: Full-time Part-time

* Are you an active member of HOSA? Yes No

If so, what chapter? _____

What benefit has HOSA provided you in your future career plans?

V. Essay*

Your essay should be 300-500 words. You should address in your essay: your college goals and choice of major, what you intend to do with your education, and why a scholarship is important to you. Include any academic and non-academic accomplishments, personal characteristics, or experiences that make you uniquely worthy of scholarship consideration.

VI. Professional Reference*

Submit a .pdf of your professional reference. Be sure to tell us your full name so we can match your reference to your scholarship application. This should be from a school employee, employer or other non-relative.

Please email to iowahealtheducators@gmail.com.

VII. Applicant's Signature*

By signing (or typing your legal name) in the space below, you are certifying that all information is correct and that you are the person completing this application. When you submit this application, you will receive an email confirmation that it has been received. Please print a copy for your records to retain as verification of your application.

Signature: _____

The Iowa Health Educators Association is committed to equal opportunity in education. IHEA does not discriminate in any program or activity on the basis of race, color, religion, gender, age, national origin, disability, marital status, or any other protected class.