

UTAH SCHOLARSHIP PORTFOLIO 2017-18

Purpose: To demonstrate the skills, abilities, and attitudes necessary to pursue a career in health care.

Description: The HOSA member will create a portfolio of evidence of his/her accomplishments in preparation for a health career.

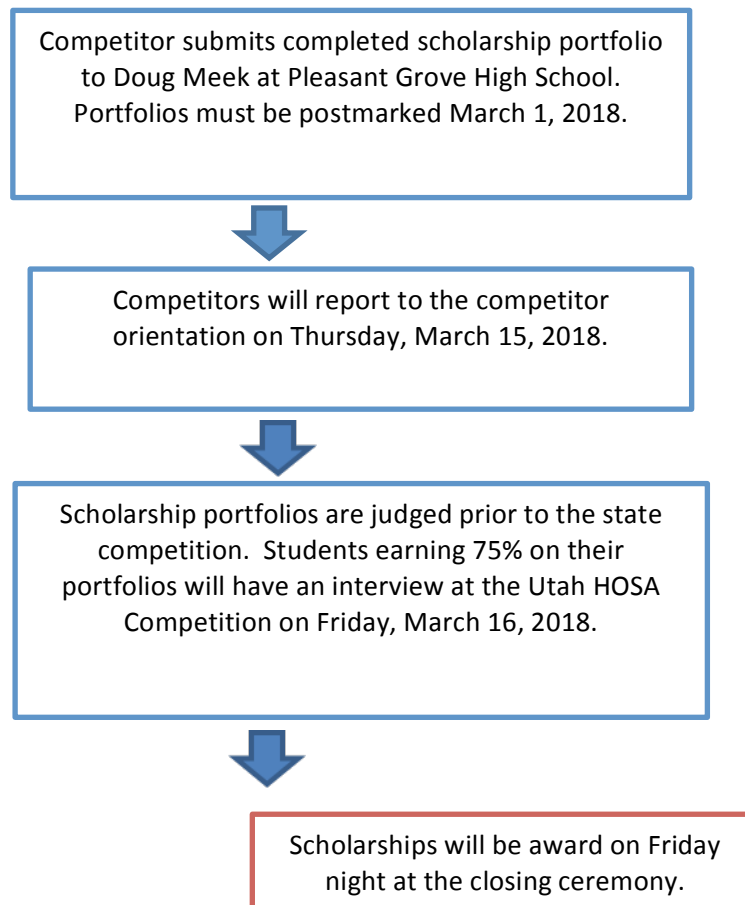
Application: In addition to earning recognition through HOSA, the HOSA member is encouraged to keep and use the portfolio as evidence of pre-professional growth and accomplishments when participating in interviews for scholarships, college admission, and jobs.

Rules and

- Procedures:**
1. The first page of the portfolio should be a cover page that includes the competitor's name, school, HOSA advisor, and year of submission. This page is not judged and serves to identify the portfolio. The last page should be the signed verification form.
 2. The contents of the portfolio will be evaluated as noted on the Portfolio Criteria checklist. The criteria are descriptions of what the HOSA member must include in the portfolio.
 3. The portfolios will be judged through a state-approved process with recognition at the State Leadership Conference.
 4. Members that successfully complete the Utah Scholarship Portfolio who attend the National Leadership Conference will be recognized. Recognition for this event may include listing in the NLC convention program, listing on HOSA's website. Gold, silver and bronze medals are not awarded for this and other recognition events at the national level.
 5. Portfolio Requirements:
 - a. The portfolio must be contained in an official HOSA **notebook or portfolio from Awards Unlimited** (NBK150, NBK 250, or PBK2002).
 - b. Pages must be one-sided only.
 - c. Sheet protectors, lamination and page dividers may NOT be used.
 - d. Sections must be presented in the order listed on the Portfolio Criteria page.
 - e. Must include page headers (titles at the top of each page) to identify each section.
 6. Pictures may be included if they are printed on the page and the maximum number of pages per section is not exceeded.
 7. The maximum number of pages permitted for each section is listed on the Portfolio Criteria page. If a section exceeds the maximum number of pages, that section will earn 0 points.

8. Activities used in the portfolio may cover more than one year of HOSA membership, if the competitor was a member of HOSA during the years for which the activities are included in the portfolio.
9. Note to Chapter Advisor: You are asked to review the portfolio and assure it meets the criteria outlined in the guidelines prior to sending the completed portfolio to be judged at the state level.
10. HOSA Scholarships applications are for the graduating high school seniors. Other forms apply for the post-secondary/collegiate division, depending upon availability.

Event Flow Chart



HOSA National Recognition Portfolio Verification Page

Name of HOSA Member _____

HOSA Chapter _____

Advisor _____

State _____

Verification Statement:

By signing this form, I verify that the work contained in this portfolio is an accurate reflection of my experiences in preparing for a health care career.

Chapter Member

Date

I verify that I have evaluated (judged) this HOSA member's portfolio, and assure that this portfolio meets all requirements outlined in the portfolio criteria for the HOSA National Recognition Portfolio event.

Chapter Advisor

Date

HOSA National Recognition Portfolio

PORTFOLIO CRITERIA

| CRITERIA | DESCRIPTION | PAGES |
|----------------------------------|--|-------|
| 1. Letter of introduction | <p>This is a letter in narrative format that introduces the HOSA member to the evaluators.</p> <ul style="list-style-type: none"> • It is addressed to the evaluation committee. • It is free of spelling and grammatical errors. • It describes the HOSA member's career goal and other relevant information. • The letter is dated and includes a signature line with the member's full name and signature. | 1 |
| 2. Resume | <p>This is a one page professional resume to include educational and work experience, honors, awards and other activities.</p> | 1 |
| 3. Project | <p>The HOSA member should plan and carry out a health care knowledge/skills application project that may connect to HOSA (such as a community awareness project) or other activity that requires problem solving and hands-on application.</p> <ul style="list-style-type: none"> • A senior project may be used if it directly relates to health care. • A classroom project may also be used if it meets the criteria. • The HOSA member should clearly and completely describe the project (why, what, where, when and how) and may include pages of evidence. • If this project is done with other students, that fact must be clearly explained, and the member must clearly describe his/her personal role with the project. | 1-4 |
| 4. Writing Sample | <p>The ability to write effectively will be important to you in college and in a career.</p> <ul style="list-style-type: none"> • Answer the questions in the attachment following the instructions given. • Answers must be handwritten in ink. • The writing sample must be neatly written and free of spelling and grammatical errors. | 3 |
| 5. Work-Based Learning | <p>Summary of 8+ hours of a work-based learning experience or supervised practical experience: Job shadowing, career exploration, internship, volunteering.</p> <ul style="list-style-type: none"> • This work-based learning experience can be a part of a health science class or done on the competitor's own time. • The exact hours, dates, person(s) shadowed, and description of experience must be included. | 1 |

| | | |
|---|--|------------|
| <p>6. Oral Presentation (Speech)</p> | <p>Must be a <u>HOSA or health-related</u> speech for school faculty, civic or community organization, local health care group, school classroom (any grade) or as part of a HOSA competitive event above the chapter level.</p> <ul style="list-style-type: none"> • Include the script of the speech • Include a short description of who, where, what and when the speech took place. • The speech must have been written by the HOSA member • This should be an independent speech and not done as part of a group or as part of any other activity claimed in this recognition portfolio application. | <p>1-4</p> |
| <p>7. Service Learning (Community Service)</p> | <p>Summary of service learning (community service) project or activity.</p> <ul style="list-style-type: none"> • Must show dates, hours, location, and learning outcomes. • The summary should describe what the HOSA member did, and how the member's efforts benefited the community at large. • May not be a part of any other activity claimed in this recognition portfolio application. | <p>1</p> |
| <p>8. Credentials</p> | <p>School transcript or recent report card, and copies of certificates or documentation that shows completion of training in health-related competencies – Examples include and are not limited to:</p> <ul style="list-style-type: none"> • Copies of CPR certification, First Aid certificate, CNA, EMT, passing the National Health Science Test offered by the NCHSE, etc. • Note: Some transcripts include extra, descriptive pages that may not need to be included with the portfolio. Be sure to take the transcript out of the envelope and include it in the portfolio. | <p>1-5</p> |
| <p>9. Technology</p> | <p>Printed evidence of the use of technology beyond the basic skill level.</p> <ul style="list-style-type: none"> • Examples might be of something you created such as a web site, electronic newsletter, PowerPoint presentation, etc., OR other evidence of advanced technology skills (certificate, etc.). • Be sure to include a description of what the technology is, how and when it was used, and how it demonstrates your knowledge of the use of technology. | <p>1-4</p> |
| <p>10. Leadership Experience (Officer, chairman, etc.)</p> | <p>List AND describe your principle leadership activities in the approximate order of their interest to you.</p> <ul style="list-style-type: none"> • These should include your leadership roles (officer, chairman, group leader, etc.) in the arts, athletics, and organized school or community activities. | <p>1</p> |

HOSA Scholarship Portfolio

JUDGE'S RATING SHEET

Level _____ SS

Competitor # _____

Judge's Signature _____

| Items Evaluated | Points Possible | | | | Allocated |
|---|-----------------|-----------|-----------|-----------|-----------|
| | Excellent | Good | Fair | Poor | |
| 1. Letter of Introduction | 8 | 6 | 4 | 2 | |
| 2. Resume | 8 | 6 | 4 | 2 | |
| 3. Project | 8 | 6 | 4 | 2 | |
| 4. Writing Sample | 8 | 6 | 4 | 2 | |
| 5. Work-Based Learning | 8 | 6 | 4 | 2 | |
| 6. Oral Presentation | 8 | 6 | 4 | 2 | |
| 7. Service Learning | 8 | 6 | 4 | 2 | |
| 8. Credentials | 8 | 6 | 4 | 2 | |
| 9. Technology | 8 | 6 | 4 | 2 | |
| 10. Leadership Experience | 8 | 6 | 4 | 2 | |
| Overall neatness, formatting and appearance | 8 | 6 | 4 | 2 | |
| Overall grammar, spelling and punctuation | 8 | 6 | 4 | 2 | |
| Met all portfolio requirements | 4 | | | | |
| TOTAL SCORE | 100 | 72 | 48 | 24 | |

* The mastery level for this event is total score of 75 or higher with no "poor" ratings.

Note to Scholarship Applicants

Scholarships will be awarded based on merit and the interview process by a panel of judges from HOSA, the Utah State Board of Education, and Industry. The decision of the panel is final and is not subject to review.

Scholarship will be awarded based on availability. Utah HOSA is not responsible or liable for the failure of industry or private parties to contribute to the scholarship program.

I understand that scholarships will be processed through the colleges and universities upon receipt of the scholarship acknowledgement form. Scholarship money will not be given to an individual student.

I understand the above information and will abide by the decision of the interview panel.

Name:

Signature:

Date:

Utah HOSA – Scholarship Request Form
(Applies ONLY to Scholarships provided by Utah HOSA).

Date: _____

Scholarship Recipient: _____

Mailing Address: _____

Email Address: _____

Cell Phone Number: _____

About the University/College I will be attending:

University/College: _____

Mailing Address: _____

University ID Number: _____

I understand that the Utah HOSA will make the payments directly to the University and not to the individual scholarship recipient.

Student Name: _____

Student Signature: _____

Check Number Issued: _____ Amount: _____

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