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# Bushan Scholarship

## Texas School Health Association

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Last Name \_\_\_\_\_

First Name \_\_\_\_\_

MI \_\_\_\_\_

Application Due Date  
Postmarked by  
**October 15**

### Scholarship Application

for K-12 students involved in a health-related project

Application Due Date:  
Postmarked by October 15

Applicants must be able to present a health related activity or program that they have been involved in with their school or community at the Texas School Health Association Conference.

**Part A:** To be completed by Applicant (please type or print)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Street

City

State

Zip

Telephone: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Please indicate your grade classification for the 2006-2007 school year \_\_\_\_\_

The Bushan Scholarship award is \$750.00. It is intended to cover travel costs to the annual Texas School Health Association (TSHA) conference and 1 year of TSHA membership. Remaining money is intended to go towards furthering academic goals.

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**All information in this application is true and complete to the best of my knowledge. I understand that it is required for me to attend and present at the Texas School Health Association's annual conference.**

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## Part B: Resume and Personal Essay

### ALL APPLICANTS MUST PROVIDE A:

- resume that outlines major academic awards/honors, leadership activities and non-academic activities and awards, as well as any work experience
- personal essay from the questions outlined below

*Remember, your essay is used to make final scholarship decisions.* It should be a thoughtful, well-developed essay. To facilitate review, an essay should be typed, double-spaced and 1000 words maximum, approximately 3 pages.

- If you receive the Bushan Scholarship, how will the scholarship enhance your academic growth?
- Describe what activities you have been involved in with your school or community related to the health field. What impact have these activities had on your professional goals?

## Part C: Presentation Abstract

Please submit with your application a 250 word abstract for a 30 minute presentation at the annual conference. Your presentation should highlight the health- related activity or program you have been involved in at your school or in your community. The presentation can be reflective of a local health effort or a personal philosophy, but it must include 3 behavioral objectives. You will be notified of your presentation day/time when you are notified of your scholarship award. You will also learn the theme of the annual conference.

## Part D: Scholarship Recommendations

Please submit with your application the completed *Scholarship Recommendation Forms* from three individual references-one of whom should be a sponsor or supervisor of your health-related activity. You may wish to provide these individuals with more than one blank photocopy of the Scholarship Recommendation Form in case of individual errors.

*\*Please sign the waiver on the scholarship recommendation form for future access to the contents of the evaluation*

## Part E: Checklist

All materials must be submitted in a single packet at one time. A complete Scholarship Packet should include the following items:

- Signed Application
- Resume and personal essay
- Current Transcript
- Three (3) Scholarship Recommendation Forms
- Submitted by the appropriate scholarship deadline (October 15)

## Part F: Scholarship Packet Submission

Send your completed Scholarship Packet to:

**Dr. Kelly Wilson, Committee Chair**  
c/o TSHA Bushan Scholarship  
TX State HPER Dept  
A 174 Jowers Center  
San Marcos, Texas 78666

**INCOMPLETE  
SCHOLARSHIP  
PACKETS WILL NOT  
BE CONSIDERED**

Application Due Date

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**October 15**

# Bushan Scholarship

## Texas School Health Association

Application Due Date

**Postmarked by  
October 15**

### Scholarship Recommendation Form

To complete the scholarship packet, please return the recommendation form to the student in a sealed envelope, signed on the outside flap.

Student's Name: \_\_\_\_\_

I hereby  **waive**  **do not waive** my right of future access to the contents of this evaluation.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

The student listed above is applying for the Bushan Scholarship through Texas School Health Association. Your appraisal of the student's qualifications is requested. Please complete the table below using the following ratings. (Percentile reflects student's ranking in relation to all students at this level with whom you have contact.)

- |                              |                                    |
|------------------------------|------------------------------------|
| 5 _____ Outstanding (Top 1%) | 2 _____ Average (Top 50%)          |
| 4 _____ Excellent (Top 10%)  | 1 _____ Below Average (Bottom 50%) |
| 3 _____ Good (Top 25%)       | N/A _____ Unable to Rate           |

Characteristic:	Rating	Comments
Creativity/Intellectual Curiosity		
Ability to Work with Others		
Citizenship and Character		
Self Discipline/Study Habits		
Leadership in School Activities		
Personal Initiative		
Reliability and Responsibility		
Verbal Communication Skills		
Written Communication Skills		

Please assess the student's potential for academic success and how a scholarship would help in this process. Describe any special circumstances that should be considered in evaluation this application. Attach an additional sheet, if necessary.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Reference:**

Name (please print or type): \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Relationship to the Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

**Please duplicate this form for your reference**