**Instructions for the Academic Program**

Exxat takes pride in supporting all aspects of health science education, including student professional development. This year also, we will be awarding a total of $16,000 in student scholarships. Four students who exemplify excellence in each of the following categories will be awarded $1,000 each:

* Scholarly Productivity
* Diversity and Inclusion
* Leadership
* Care for Underserved Communities

**Application Process**

Each academic program may submit a single student for consideration in each of the above award categories using the online application link posted on the website ([link](https://forms.gle/x8kxFtrFPQWvwU439)). A program may submit up to four applications (One student in each category). Students from all health science education programs are eligible regardless of whether their program subscribes to Exxat.

Award timeline:

**March 15th, 2024** Applications open

**May 15th, 2024** Application deadline (Programs to submit applications)

**July 31st, 2024** Award recipients announced

**Application Materials:**

The application package **must** contain the following items to be considered complete.

1. Cover Letter (a one-pager summarizing your intent and qualification for this award)
2. Completed application form
3. A typed essay of no more than 3 pages (12-point font, 1-inch margins) on the award-specific topic presented in the application form (pick one of the four award categories to apply)
4. Completed recommendation form from a licensed clinician/experiential supervisor in the student’s field of study
5. Program’s letter of recommendation, on letterhead, including verification of enrollment and student’s GPA. *This is separate from the licensed clinician/experiential supervisor’s form.*

All items must be collated into a single PDF file with the following naming convention.

**Award category name-applicant first last name. E.g.: Leadership-JohnDoe.pdf**

This single PDF file should then be submitted electronically via this [form](https://forms.gle/jnsbrHEAaQZaCrqD8) (<https://forms.gle/jnsbrHEAaQZaCrqD8>)

**Note: Only applications received via programs will be considered for scholarships. Direct applications from students will not be considered. Incomplete applications or applications not submitted as per the above guidelines will not be considered for review.**

**Awards Committee**

Exxat awards committee is formed every year and comprises representatives from Exxat, healthcare professionals, academicians, and past scholarship recipients.

The committee reviews each application and provides a score, with equal weight given to essay, recommendations, and qualifying activities as denoted on the application form. GPA is utilized to select between equally qualified candidates. A headshot will be requested from the winners for an announcement on the Exxat website and social media.

**Instructions for Applicant**

**Awards Categories:**

Pick one of the following categories for your application. You may apply in multiple categories (separate applications)

* Scholarly Productivity
* Diversity and Inclusion
* Leadership
* Care for Underserved Communities

**Application Checklist**:

* Cover Letter
* Completed application form (choose **one** of the four award categories below)
* A Typed essay of no more than 3 pages (12-point font, 1-inch margins) on the award-specific category presented in the application form
* Recommendation from a licensed clinician/experiential supervisor in your field of study (standard recommendation form below)

Students must submit their application package **to the program** as per the deadline set by them. The program should select a single student to recommend in each category and submit that application to Exxat for review and consideration. Only applications received via programs will be considered for scholarships. Note that the program will need to add a recommendation letter from their end before submitting it to Exxat as per the guidelines (Refer to instructions for the academic program).

**Recipients will be notified, and awards announced on or before July 31st, 2024**

Award recipients will be asked to provide the following information to Exxat for announcements:

* Full Name
* Short bio
* Photo (highest resolution possible, at least 1024 x 1024px) in PNG or JPG
* LinkedIn handles
* Permission to use their images and tag them

**Award Category 1: Scholarly Productivity**

**Contact Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  | | |  | |
| Mailing Address |  | | | | |
| Phone |  | Email |  | |  | |

**Academic Program**

|  |  |
| --- | --- |
| Institution/School |  |
| Professional Program |  |

**Essay (no more than 3 pages, 12-point font, 1-inch margins)**

How do your scholarly contributions help to further your future profession and/or healthcare?

**Scholarly Activity**

Please describe all scholarly activity you have participated in including, but not limited to, peer-reviewed publications, posters, oral/platform, or invited presentations. For each project, note the role that you played in producing the final product. Additional pages may be attached as necessary.

|  |  |
| --- | --- |
| Peer Reviewed Publications |  |
|  |  |
|  |  |
| Platform or Invited Presentations |  |
|  |  |
|  |  |
| Poster Presentations |  |
|  |  |
|  |  |
| Other Scholarly Activity |  |
|  |  |
|  |  |

**Award Category 2: Diversity and Inclusion**

**Contact Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  | | |  | |
| Mailing Address |  | | | | |
| Phone |  | Email |  | |  | |

**Academic Program**

|  |  |
| --- | --- |
| Institution/School |  |
| Professional Program |  |

**Racial/Ethnic Background**

African American/Black  American Indian/Alaskan Native  Asian

Hispanic/Latinx  Native Hawaiian/Pacific Islander  More than one

**Essay (no more than 3 pages, 12-point font, 1-inch margins)**

In what ways is your experience as a diverse student an asset to your future role as a healthcare provider?

**Applicant Profile**

Please briefly describe honors or awards you have received as well as your participation in community service, leadership positions held, and any scholarly activity you have participated in. Additional pages may be attached as necessary.

|  |  |
| --- | --- |
| Honors and Awards |  |
|  |  |
|  |  |
| Community Service |  |
|  |  |
|  |  |
| Leadership |  |
|  |  |
|  |  |
| Scholarly Activity |  |
|  |  |
|  |  |

**Award Category 3: Leadership**

**Contact Information**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  | | |  | |  | |
| Mailing Address |  | | | | |
| Phone |  | Email |  | |  | |
|  |

**Academic Program**

|  |  |
| --- | --- |
| Institution/School |  |
| Professional Program |  |

**Essay (no more than 3 pages, 12-point font, 1-inch margins)**

As a healthcare provider, leadership, and the ability to serve as a member of a team are both important skills. How do you feel your experience as a leader has prepared you to serve as a member of a collaborative healthcare team?

**Leadership Experience**

Please describe past and current leadership positions you have held. Be sure to include the name of the organization as well as dates of service in the role and a brief description of your duties. Additional pages may be attached as necessary.

|  |  |
| --- | --- |
| Community |  |
|  |  |
|  |  |
|  |  |
| Campus |  |
|  |  |
|  |  |
|  |  |
| Profession |  |
|  |  |
|  |  |
|  |  |

**Award Category 4: Care for Underserved Communities**

**Contact Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  | | |  | |
| Mailing Address |  | | | | |
| Phone |  | Email |  | |  | |

**Academic Program**

|  |  |
| --- | --- |
| Institution/School |  |
| Professional Program |  |

**Essay (no more than 3 pages, 12-point font, 1-inch margins)**

There are many barriers to receiving care to residents of an underserved community. What is a barrier you have personally addressed through volunteer work, employment, or experiential education?

**Community Service**

Please describe past, current, and upcoming community service projects you have participated in. Be sure to include the name of the organization as well as dates of service in the role and a brief description of your duties. Additional pages may be attached as necessary.

|  |  |
| --- | --- |
| Patient Care/Health |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Other |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Clinician/Experiential Supervisor Recommendation (*required for all award categories)***

**Student Information**

|  |  |
| --- | --- |
| Student Name |  |
| Institution/School |  |
| Professional Program |  |

**Clinician/Supervisor Information**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name | |  | | | | |
| Employer | |  | | | | |
| Position/Title | |  | | | | |
| How long have you known your student | | Months        Years | How well do you know the student | Very well. Well. Minimally | | |
| What role best describes your relationship | | Supervisor  Colleague  Instructor Other (Please specify) | | | |  |

**Recommendation**.

Please rate the student in each of the following areas:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Excellent | Good | Average | Below Average | Poor | Not Observed |
| Commitment to Learning |  |  |  |  |  |  |
| Interpersonal Skills |  |  |  |  |  |  |
| Communication Skills |  |  |  |  |  |  |
| Effective Use of Time |  |  |  |  |  |  |
| Use of Constructive Feedback |  |  |  |  |  |  |
| Responsibility |  |  |  |  |  |  |
| Problem Solving |  |  |  |  |  |  |
| Stress Management |  |  |  |  |  |  |
| Leadership |  |  |  |  |  |  |

**Comments**   
We welcome any additional comments that will help in the review process. Please feel free to attach additional pages as necessary.