



The purpose of the HOSA organization is to develop leadership and technical HOSA skill competencies through a program of motivation, awareness and recognition, which is an integral part of the Health Science Education instructional program. The mission of HOSA is to empower HOSA-Future Health Professionals to become leaders in the global health community through education, collaboration, and experience. HOSA is the only national student organization that exclusively serves secondary and post-secondary/collegiate students in pursuit of a career in the health professions.

The goals that HOSA believes are vital to each member are:

- To promote physical, mental and social well-being
- To develop effective leadership qualities and skills
- To develop the ability to communicate more effectively with people
- To develop character
- To develop responsible citizenship traits
- To understand the importance of pleasing oneself as well as being of service to others
- To build self-confidence and pride in one's work
- To make realistic career choices and seek successful employment in the health care field
- To develop an understanding of the importance in interacting and cooperating with other students and organizations
- To encourage individual and group achievement
- To develop an understanding of current health care issues, environmental concerns, and survival needs of the community, the nation and the world
- To encourage involvement in local, state and national health care and education projects
- To support Health Science Education instructional objectives
- To promote career opportunities in health care

Student Name: _____
Last First M.I.

Address: _____
Street City Zip Code

Phone Number: _____

Email: _____

Student I.D : _____ Grade Level: _____ Date of Birth _____

Have you ever been dismissed from an organization or been officially disciplined for academic dishonesty, lying, or cheating? No _____ Yes _____

**If so, detail and explain on separate sheet of paper.

Have you ever been removed from a club or sport? No _____ Yes _____

**If so detail and explain on a separate sheet of paper.

I. SIGNATURE: My signature certifies that all of the information I have provided is accurate and I understand that any misinformation will void this application.

Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

II. GRADE POINT AVERAGE: Students must be in 10th grade or above and have a grade point average of 3.0 or higher to be considered as an eligible member. This section is to be completed and signed by the student's Guidance Counselor.

Grade Level _____ Cumulative GPA (weighted) _____ Guidance Counselor signature: _____

III. BEHAVIOR / DISCIPLINE: Student must get their grade-level AP (Assistant Principal) to verify, complete, and sign this section. ***Student - If you have ever received a referral, please attach an explanation on a separate sheet of paper. (Required)***

Referrals: Yes _____ No _____

Level _____

Administrator's Name Printed

Administrator's Signature

IV. ACADEMIC PREPARATION OR Personal Highlights OR Medical Volunteering: List all Honors, Advanced Placement and Dual Enrollment classes along with any personal highlights or Medical volunteering completed in high school. Include the year enrolled/completed. Use an additional sheet if necessary. Please have counselor verify here:

Counselor Signature: _____ Date _____

Course	Date Enrolled

V. MANDATORY Writing: Please respond to ALL of the FOUR short answer prompts below. The answers **must be typed using Times Roman and 12-point font with double-spaced lines** All totaling a maximum of one page.

1. Why do you want to become a member of HOSA?
2. Why do you believe you should be a member of RRHS HOSA?
3. What will you get out of being a member of RRHS HOSA? (your benefit)
4. What will you contribute to RRHS HOSA?

VI. RECOMMENDATION: Recommendation sheets must be filled out by each of your current six teachers. **IT IS YOUR RESPONSIBILITY TO ENSURE THAT THE RECOMMENDATION SHEETS ARE DOCUMENTED BELOW.** Have each teacher sign below to acknowledge having received a HOSA teacher recommendation sheet. If you are attending PHCC or FLVS, please give forms to your most recent RRHS teachers. If you are new to RRHS, please see Ms. Cardo well before the deadline for information about teacher recommendations.

Print Name & Sign		Print Name & Sign	
Recommendation #1		Recommendation #4	
Recommendation #2		Recommendation #5	
Recommendation #3		Recommendation #6	

Attestation

By filling out this application, you are committed to represent HOSA and River Ridge High School with honor and integrity. By showing interest in this club, you are showing your desire pursue a career in the medical field and agreeing to your obligation to participate in competition and activities. Failure to do so would result in consequences that may lead to loss of membership. Sign below to state an understanding of the expectations and standards for the club.

Applicant's Signature

Date