



R. DAN NOLAN HOSA APPLICATION 2020-2021

HOSA: Future Health Professionals is a national organization that encourages students to explore careers in health professions, provide support to health organizations, learn leadership and teambuilding skills, as well as compete in Regional, State and International competitions.

Your interest is evidenced by your request for this application. Before you complete this application, please read the following:

1. HOSA is only offered during 7th period only so space is limited. Not everyone will be chosen, so how you complete this application is important.
2. HOSA is offered to students who have a desire to enter the medical field. Students will compete in Regional, State and International competitions, plan fundraising activities for HOSA and other community organizations. Students will be expected to learn and exhibit leadership skills. Grades will be given each quarter.
3. Students will need to maintain a GPA of 2.5, no 3's or 4's in citizenship, and no referrals to remain in this class. If repeated redirection is necessary during classroom instruction, students may be subject to disciplinary action including removal from this class. Students are also required to adhere to the HOSA Code of Conduct at all times. Failure to do so may also result in the student being removed from HOSA. If a student incurs two or more Colt card signatures in a quarter, he/she may be banned from field trips and competitions for the remainder of that grading period.
4. Students electing this class may be required to devote time before and after school as well as weekends and/or compete in their chosen area in addition to community activities. Missed work due to field trips and/or competitions must be made up in a timely manner.
5. HOSA students are required to purchase a uniform, pay membership fees, and contribute to State and/or International conference travel, if eligible. State competition is scheduled in the spring and International competition in June.

COMPLETE THE FOLLOWING APPLICATION AND TURN IT IN TO MS. RAHN, ROOM 612 OR MS. BOCULAC, ROOM 606 BY March 12, 2020.

Student Signature

Parent Signature

Print Student Name: _____ **Current Grade Level:** _____

1. Describe the type of student you are at Nolan Middle School. If you are coming from another school, describe your contributions to your previous school.

2. Do you prefer to work in groups or do you prefer to work alone?

3. Describe health science professions that interest you.

4. List activities you participate in after school and/or in the community. (i.e, sports teams, competitive teams, clubs, church activities)

5. Are you willing to stay after school or come in early if needed? _____

6. What hobbies/interests do you have? (i.e., art, music, acting, sports)

7. If there is anything else that you would like to share with us about yourself, please complete here.

Thank you for your interest in the HOSA!