

Turn in this completed application and required documents to Mr. Egbert by March 31, 2023.

It is the student's responsibility to have their completed application approved and signed by the appropriate teacher.

		incomplete application		······································
dent's	Name:			
lents ap uiremen		gnition cord for Heal	th Sciences mus	st meet the following
•	Have a cumulativ	ve GPA of 3.0 or highe	er	
•		ade point average in		courses
•	Human Biology), I	Medical Terminology	, Anatomy and	duction to Health Science (Physiology, Sports Medici rmined by approving teac
•	Be an active parti	Dates of HO	OSA	ressionals) for at least one HOSA Advisor Signature
		membersh	nip	
•		membersi	2223	
•	Choose one: 15 ho Health Care, or be a Job Shadow	membersi	in Health Care, o year. Hours:	or complete an Internship fo Signature of supervisor:
•	Choose one: 15 ho Health Care, or be a	urs of Job Shadowing a HOSA Officer for one Where:	in Health Care, o	or complete an Internship fo
•	Choose one: 15 ho Health Care, or be a Job Shadow Internship HOSA Officer Participate in two verify participation Participate in a W information. Attach a transcrip	membersi urs of Job Shadowing in HOSA Officer for one Where: Where: Title: Skills competitions in the state of the sta	in Health Care, or year. Hours: Dates: for HOSA (prov.) Activity. See the	Signature of supervisor: Signature of supervisor: Signature of advisor: vide copies of documentation of the copies o

Note____

Award: approved_____/denied_____