

Turn in this completed application and required documents to Mr. Egbert by March 31, 2026. It is the student's responsibility to have their completed application approved and signed by the appropriate teacher.

Late or incomplete applications will NOT be considered.

Student's N	Name:				
Students apprequirement	_	gnition cord for Health Sci	iences mus	st meet the following	
<ul> <li>Have a cumulative GPA of 3.0 or higher</li> </ul>					
•	Maintain a 3.5 grade point average in Health Science courses				
•	Complete 4 classes in Health Science including: Introduction to Health Science (or Human Biology), Medical Terminology, Anatomy and Physiology, Sports Medicine. Some Tech Center classes may apply, but will be determined by approving teacher				
•	Be an active participant in HOSA (Future Health Professionals) for at least one year.				
	Student Name	Dates of HOSA membership		HOSA Advisor Signature	
		marker	202		
•		oose one: 15 hours of Job Shadowing in Health Care, or complete an Internship for alth Care, or be a HOSA Officer for one year.			
	Job Shadow □	Where:	Hours:	Signature of supervisor:	
	Internship	Where:	Hours:	Signature of supervisor:	
	HOSA Officer □	Title:	Dates:	Signature of advisor:	
•	Participate in two Skills competitions for HOSA (provide copies of documentation to verify participation)				
<ul> <li>Participate in a Work Based Learning Activity. See the Career Center for more information.</li> </ul>					
•	Attach a transcript to verify classes and GPA				
• Turn in complete application to Mr. Egbert by March 31, 2026					
Teacher Approval					
Mr. Egbert					
Date Received				Revised 9/10/25	

Award: approved\_\_\_\_\_/denied\_\_\_\_\_

Note\_\_\_\_\_