

# HOSA NOMINATION /SUPPORT FORM

Serving as a **South Carolina HOSA OFFICER** demands a twelve-month commitment to the organization. It is vital that all members who aspire to become **SC HOSA OFFICERS** are highly qualified and willing to assume the responsibilities required of all state officers.

Read carefully and study the statements below before submitting this form to the nomination committee. After discussing the responsibilities and duties of a **STATE OFFICER** with parents/guardian, local chapter advisor(s), and school administrators, the candidate should submit this along with other materials listed.

## **CANDIDATE STATEMENT**

If elected a **South Carolina HOSA officer**, I will dedicate my year to serving the organization. I will serve my entire term of office, will promote the goals and objectives of HOSA, and will project a desirable image of HOSA at all times. **If I violate the code of conduct, I understand that I will be asked to step down as a South Carolina officer effective immediately**

I will abide by the policies of South Carolina HOSA, and will accept financial responsibility for my HOSA uniform. I will attend HOSA Leadership University at the HOSA National Leadership Conference in June. I agree to fulfill and complete all obligations and assignments as a **South Carolina HOSA OFFICER**.

Candidate's Signature \_\_\_\_\_

## **LOCAL ADVISOR STATEMENT**

It is my belief that this candidate will fulfill the responsibilities of a **South Carolina HOSA officer**. I understand that as the advisor of the above student, I will work with him/her to arrange transportation and assist them in carrying out their obligations. That being understood, I highly recommend this student.

Local Advisor's Signature \_\_\_\_\_

## **PARENT/GUARDIAN STATEMENT**

I approve of my daughter/son applying for a HOSA office and if elected, agree that he/she will be able to spend the time and have the transportation necessary to carry out the duties of the office.

Signature of Parent or Guardian \_\_\_\_\_

## **SCHOOL ADMINISTRATOR'S STATEMENT**

This school will support \_\_\_\_\_ in the successful fulfillment of the duties of a **HOSA State Officer**.

Signature of Director/Principal \_\_\_\_\_

Director's/Principal's comments: \_\_\_\_\_

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