



SC HOSA STATE OFFICER NOMINATION SUPPORT

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/guardians, local chapter advisor(s), and school administrators, the candidate should submit this, along with other materials listed.

CANDIDATE STATEMENT

If elected as 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 always project a desirable image of HOSA. **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 and all expenses not covered by SC HOSA. I will attend the Officer training, International Leadership Conference, HOSA 301 Leadership Training, summer planning meeting, Washington Leadership Academy, Fall Leadership Conference, State Leadership Conference, and all scheduled Zoom officer meetings. I agree to fulfill and complete all obligations and assignments as a **South Carolina HOSA OFFICER**.

Candidate Signature _____

Printed Candidate Name _____

Date _____

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 the students to arrange transportation and assist them in carrying out their obligations. That being understood, I highly recommend this student.

Advisor Signature _____

Printed Advisor Name _____

Date _____

PARENT/GUARDIAN STATEMENT

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

Parent/Guardian Signature _____

Printed Parent/Guardian Name _____

Date _____

SCHOOL ADMINISTRATOR'S STATEMENT

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

Director Signature _____

Printed Director Name _____

Date _____

Director's/Principal's comments: _____

NO ELECTRONIC SIGNATURES WILL BE ACCEPTED

Use an additional sheet if needed.