2019-20

**Alabama HOSA Member of the Year**



Application guidelines

rEVISED JUNE 17, 2019 2018

**PURPOSE**

HOSA member of the year award is designed to recognize an outstanding HOSA member. This award is an excellent opportunity to recognize an outstanding HOSA member who has demonstrated involvement in HOSA achievement, leadership ability, community service and citizenship.

**GENERAL INFORMATION**

The recipient of this honor will be recognized during the Recognition Session at the HOSA State Leadership Conference.

Current Alabama HOSA State Officers are not eligible for this award. Please consider the Outstanding State Leader for current officers.

**DIRECTIONS**

Members of each local HOSA Chapter and their advisor will be responsible for completing the application and providing all requested documentation. One outstanding HOSA member will be selected each year.

**DEADLINE DECEMBER 7**

E-Mail form and requested documentation to:

[AlabamaHOSA@alsde.edu](mailto:AlabamaHOSA@alsde.edu)

COMPLETE THE INFORMATION PAGE AND ATTACH DOCUMENTATION FOR THE FOLLOWING:

1. HOSA Community Service:

* Provide a description of your community service activities.
* Limited to one page, 12 font

2. A one page essay describing why this student should be selected

as HOSA Member of the Year.

* Limit to one page, 12 font

3. Attach a digital color headshot of student

4. Attach a copy of student’s current resume.

* Limit to one page

Email confirmation will be sent upon receipt

**The attached rubric will be used to judge the entries, please be sure to fill in the student name on the rubric.**



**ALABAMA HOSA**

**MEMBER OF THE YEAR APPLICATION**

NAME

SCHOOL

SCHOOL ADDRESS

CITY/ZIP

HOME PHONE CELL PHONE

Students at this school can participate in HOSA up to \_\_1 \_\_2 \_\_3 \_\_4 years.

HOSA MEMBER HAS:

1. Been a member of a nationally chartered HOSA chapter for years.
2. Attended State Leadership Conference event times.
3. Been a chapter officer times.
4. Competed in (insert number) competitive events at the State Leadership Conference.
5. Completed hours of Community Service in the past year.
6. Attended the International Leadership Conference times.
7. List any Extra Accomplishments that you feel apply to this award:

**ALABAMA HOSA**

**MEMBER OF THE YEAR APPLICATION RUBRIC**

**Student Name: Total \_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **0 Points** | **1**  **Point** | **2 Points** | **3 Points** | **4 Points** | **TOTAL** |
| **Number of Competitive Events in which member has competed.**  **(Qualifying, State, International)** | NONE | 1 | 2 | 3 | 4 or more |  |
| **Percentage of times member served as a chapter officer.**  **(#/times possible)** | NONE | 25% | 50% | 75% | 100% |  |
| **Served as a State HOSA Officer**  **(cannot be a current state officer)** | NONE |  | 1 time |  | 2 times |  |
| **Percentage of years of local chapter membership.**  **(#/possible years of membership)** | NONE | 25% | 50% | 75% | 100% |  |
| **Number of times member attended ILC.**  **(#/possible years of membership)** | NONE | 25% | 50% | 75% | 100% |  |
| **Community Service Hours** | NONE | 15 – 24 hours | 25 - 49 hours | 50 - 99 hours | 100 or more hours |  |
| **National Service Project Activities**  **(Barbara James Award)** | NONE | One activity; minimal results; not documented in activity tracker | 1-2 activities; minimal – mod results; documented in activity tracker | 2 or more activities; mod -good results; documented in tracker | 2 + activities; good results; documented in tracker; collaborative |  |
| **Quality of Additional Accomplishments** | NONE |  |  |  |  |  |
| **Followed directions** | Did not follow directions |  |  |  | Followed directions |  |