**APPLICATION FOR CHARTER AUTHORIZING LOCAL HOSA CHAPTER**

**LETTER OF INTENT**

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ms. Susan Readnower State HOSA Advisor

KY HOSA

300 Sower Blvd 5th fl SW

Frankfort, KY 40601

Dear KY HOSA:

We, the undersigned, affirm that the HOSA members of [INSERT SCHOOL NAME] have organized for the purpose of applying for membership in Kentucky HOSA. We have adopted a constitution, elected the necessary officers, and have identified membership according to the constitution.

In the name of the HOSA and for the students who plan to pursue a health care career, we hereby make application for a charter in the [INSERT LOCAL CHAPTER NAME] HOSA Chapter.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

President

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secretary

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Local Advisor

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Administrator

Attachments : Program of Work Bylaws

List of names and addresses of Chapter Officers and Advisors List of members

Check for Affiliation Fee