KENTUCKY HOSA

FUTURE HEALTH PROFESSIONALS

OUTSTANDING LOCAL ADVISOR NOMINATION

2026

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FRANKFORT, KY 40601
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OUTSTANDING HOSA ADVISOR APPLICATION

WE CAN AGREE THAT IN MANY AREAS, EACH LOCAL HOSA ADVISOR IS OUTSTANDING IN THE CLASSROOM AND ON THE JOB, MAKING MANY ADVISORS OUTSTANDING EDUCATORS. KENTUCKY HOSA AND HOSA-FUTURE HEALTH PROFESSIONALS STRIVE TO RECOGNIZE THE EXCEPTIONAL ACCOMPLISHMENTS OF THE OUTSTANDING LOCAL HOSA CHAPTER ADVISOR AND HIS / HER CONTRIBUTIONS TO THE ORGANIZATION HOSA-FUTURE HEALTH PROFESSIONALS.

WHO IS ELIGIBLE

ALL MIDDLE SCHOOL, SECONDARY, POST-SECONDARY, AND COLLEGIATE HOSA ADVISORS ARE ELIGIBLE TO APPLY. AN AWARD WILL BE PRESENTED IN EACH OF THE DIVISIONS IF THE SELECTION COMMITTEE DETERMINES THE APPLICANT MEETS THE CRITERIA AS LISTED ON THE APPLICATION. ADVISORS MAY RECEIVE THIS AWARD ONE TIME DURING THEIR HOSA CAREER.

WHY

IT IS THE PURPOSE OF THIS APPLICATION TO HIGHLIGHT THE OUTSTANDING HOSA CONTRIBUTIONS THAT THE LOCAL KY HOSA CHAPTER ADVISOR HAS MADE SPECIFICALLY TO OUR STATE HOSA ORGANIZATION AND TO HOSA-FUTURE HEALTH PROFESSIONALS IN GENERAL. FOR THIS REASON, THIS COMPONENT ON THE APPLICATION RATING FORM IS GIVEN VERY CAREFUL CONSIDERATION.

HOW

- SHARE THE LETTER AT THE BEGINNING OF THE APPLICATION WITH YOUR ADMINISTRATOR OR PRINCIPAL SO HE / SHE CAN WRITE A LETTER OF RECOMMENDATION. REMEMBER TO INCLUDE THIS LETTER! BE SPECIFIC IN YOUR CONTRIBUTIONS TO HOSA. REMEMBER....THE HONOR RECOGNIZES THE OUTSTANDING HOSA ADVISOR AND NOT THE OUTSTANDING EDUCATOR.
- INCLUDE A PHOTO IN JPEG FORMAT WITH THE APPLICATION.
- MAKE A COPY OF THE APPLICATION BEFORE SUBMITTING IT.

WHEN

SUBMIT THE COMPLETED APPLICATION AND PHOTO BY FEBRUARY 1, 2024. UPLOAD TO KY HOSA OUTSTANDING LOCAL ADVISOR OPPORTUNITY IN WUFOO.

ANNOUNCEMENT OF THE RECIPIENT(S) WILL BE MADE AT THE RECOGNITION SESSION ON THE SECOND NIGHT OF THE CONFERENCE. RECIPIENTS WILL ALSO RECEIVE RECOGNITION AT THE HOSA INTERNATIONAL LEADERSHIP CONFERENCE IN JUNE. ATTENDANCE AT THE ILC IS REQUIRED.

KENTUCKY HOSA EXTENDS “BEST WISHES” TO EACH APPLICANT!

Date

Dear **Administrator / Principal,**

Kentucky HOSA will honor the *Outstanding HOSA Middle School, Secondary and Postsecondary/Collegiate Advisor of the Year* at our Annual State Leadership Conference. The state winner in each category will also be recognized at the HOSA International Leadership Conference (ILC) held in June in Indianapolis, IN. It is required that the recipient attends the ILC in order to receive this prestigious award.

Your KY HOSA Local Chapter Advisor requested that he / she be considered for this award providing you will confirm with a letter of support / reference letter and that he / she completes the attached application.

The involvement with HOSA is a significant area when the committee reviews the applications. You may want to ask your local advisor to provide a list of information including placement of HOSA students in jobs, activities with HOSA members, workshops, regional and state conference participation (planning, facilitating, etc.), public relations, etc. The involvement with occupational advisory committees, connection with business and industry, honors and awards, memberships in professional organizations, and participation in community organizations can also be included in the letter.

The Selection Committee appointed by the KY HOSA State Advisor will choose the *Outstanding HOSA Advisor of the Year*. The announcement of a middle school, secondary and a postsecondary / collegiate winner will be revealed at the State Leadership Conference at the Recognition Session.

We realize this will take some of your valuable time; however, we have so many great advisors in KY HOSA that go unrecognized. We offer our thanks and appreciation for assisting with the application process.

If you have any questions, or if I can be of assistance in any way, please contact me at Susan.Readnower@education.ky.gov. Thank you for your support of the local HOSA chapter and of Kentucky HOSA!

Sincerely,

Susan Readnower

Susan Readnower
Kentucky HOSA State Advisor

Name of Nominee_____

Applicant for _____Middle School _____Secondary _____ Postsecondary/Collegiate

School Name & Address_____

_____

School Telephone Number_____

Program Title_____

HOSA Chapter Name_____

Number of years teaching_____

Number of years in HOSA_____

List outstanding contributions and achievements made to HOSA / Health Science Education and / or Career and Technical Education at the following levels.

Local:

Regional: (HOSA Leadership Workshops, Meetings, State Officer Training Workshops, etc.)

State: (State Conference Planning, Committee member, Facilitator at Conference, Board of Directors member, HOSA Conferences, etc.)

List professional memberships in organizations other than HOSA.

LIST CONTRIBUTIONS MADE TO COMMUNITY ACTIVITIES IN PROMOTING HOSA AND HEALTH SCIENCE EDUCATION.

LIST HONORS RECEIVED.

LIST PAST OR CURRENT STATE HOSA OFFICERS (OFFICER'S NAME / OFFICE / YEAR), IF APPLICABLE, FROM YOUR SCHOOL.

LIST PAST OR CURRENT HOSA EXECUTIVE COUNCIL OFFICERS (OFFICER'S NAME/ OFFICE / YEAR), IF APPLICABLE, FROM YOUR SCHOOL.

SIGNATURE OF NOMINEE_____

SIGNATURE OF DIRECTOR/PRINCIPAL_____

APPLICATION CHECKLIST:

- ☐ **RECOMMENDER'S LETTER**
- ☐ **COMPLETED APPLICATION**
- ☐ **PHOTO IN JPEG FORMAT**
- ☐ **UPLOADED TO WUFOO LINK**
- ☐ **SUBMISSION DATE – FEBRUARY 1**