



**Kansas HOSA, Future Health Professionals**  
**Chapter Member of the Year Award Nomination Form**

This application must be emailed to Tina Goosz, [tgoosz@kumc.edu](mailto:tgoosz@kumc.edu)  
no later than **February 27th**:

Kansas HOSA is looking to recognize student members who promote their HOSA chapter throughout their school and community, show true leadership and passion for the organization and encourages others by sharing HOSA's mission of building the next generation of future health professionals. Please note that the Kansas HOSA Chapter Member of the Year award will be presented to one member from each chapter of Kansas HOSA. Only one student may be submitted per chapter. Chosen chapter leaders will be showcased during the Spring Leadership Conference.

Nominee's Name: \_\_\_\_\_ School: \_\_\_\_\_  
Person(s) Nominating: \_\_\_\_\_ District: \_\_\_\_\_  
School Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Contact Email: \_\_\_\_\_  
How many years has the Nominee been in HOSA: \_\_\_\_\_

1. Please describe why you feel this nominee is deserving of being your Chapter Member of the Year: