OFFICIAL RULES –

Ohio HOSA Administrator Supporter Award Contest

This award is sponsored by Ohio HOSA, Inc.

**ELIGIBILITY**
Nominations must be made by local HOSA chapter advisors at the middle school, high school, or post-secondary (college/university) level.

Nominations can be submitted by the general public, current or former students, parents, fellow educators, school administrators and community members.

**HOW TO ENTER**
The Nomination period begins November 16, 2018 and ends on January 31, 2019.

To enter, provide your (Nominator) contact information, including an essay (250 words or less) describing what makes the Honoree one of the best in the state. An example of some things that may be included are the supporter’s dedication, commitment and impact on today’s youth and Health Education Programs.

**NOMINATION FORM DUES DATE**

Completed applications forms are due no later than January 31, 2019. Each school is allowed to submit only one honoree nominee per year.

Completed nominations should be mailed to: Jim Scott, Ohio HOSA, 5943 Ocala Court, Galloway, OH 43119.

**HONOREE DETERMINATION**
A maximum of six (6) honorees will be determined in all – one from each Ohio HOSA region. .

At the February Ohio HOSA, Inc. Board of Directors meeting the selected honorees will be selected. A committee will review the forms submitted. The committee will deliberate and make their final selection to submit to the Ohio HOSA, Inc. Board of Directors.

Honorees and Honoree Nominators will be notified by email or mail during the first two weeks of March.

During the Ohio HOSA State Leadership Conference the six (6) Honorees will be formally recognized.

Ohio HOSA Administrator Supporter Award Application

Nominee’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In 250 words or less describe why you are nominating this person. An example of some things that may be included are the supporter’s dedication, commitment and impact on today’s youth and Health Education Programs.

Nominator’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_