Texas HOSA Handbook:
Section L Inspire Fund

This section contains:

- Who can apply for Inspire Fund
- Inspire Fund Application

Activities and procedures within HOSA-Future Health Professionals, Texas Association are governed by the philosophy of simple fairness to all. Therefore, the policy of HOSA-Future Health Professionals, Texas Association is that all operations will be performed without regard to race, religion, sex, national origin, and other characteristics illegal as well as reasonable accommodations with disabilities and accessibility requirements on public accommodations.
Inspire Fund

The Texas HOSA Board of Directors understands that unforeseen circumstances and hardships are faced by our members today. We are here to help you!

The Texas HOSA: Future Health Professionals currently has funds available for eligible chapters to help pay for Texas HOSA membership (up to $500) and LDI registration, if applicable. The Inspire Fund is made available through donations from the Texas HOSA Board of Directors.

*Funding is available on a first come, first served basis until the fund is depleted.*

Who can apply for Inspire Funds:

- Individual student’s membership for one year which includes state and national affiliation fees (for those requiring financial assistance). Students must be in an active HOSA chapter.
- Advisors with a new HOSA chapter or chapters with a financial hardship.
- Individual LDI Registration (area/state officer, advisors, or board members).

Eligibility categories are:

1) A school that has never before had a Texas HOSA Chapter and there is no school or community financial support available to pay for membership. This requires the principal’s signature for verification.

2) A school that has had an active Texas HOSA chapter but is currently experiencing economic hardship and there is no school or community financial support to pay for membership. This requires the principal’s signature for verification.

3) A school that has a HOSA Chapter but has a student that is unable to pay the membership fees for the current membership year. This requires the principal’s or collegiate, parent and advisor’s signature for verification. Only 10 members per chapter can ask for individual assistance. If an advisor has asked for chapter financial assistance, individual members may not qualify for funding.
4) Area/State officers, advisors, and board members that need assistance with LDI registration. This requires the principal’s or collegiate advisor’s signature for verification.

**Completing the Inspire Fund Application**

The following information will help you when completing the three questions on the Inspire Fund application. These must be completed on a separate page.

**Eligibility:** A statement from the applicant that school district funds and/or community financial support are not currently available to pay for membership is adequate. If applying due to extreme economic hardship, please provide adequate documentation to describe the situation. For example, hardship due to a natural disaster or other extenuating circumstances beyond your control.

**Future Plan:** A future plan for paying membership fees might include a presentation to a community group to ask for funding (PTA, Lions Club, etc.), or a fundraiser held at the end of the school year to raise dues for membership.
Texas HOSA Inspire Fund
Application

School Name: ____________________________________________________________
(Indicate High School/College/University)

Advisor Name: ___________________________________________________________

Student Name (if applicable): _____________________________________________

Chapter/Charter #’s _______________________________________________________

School address: __________________________________________________________

City, State, Zip Code: ____________________________________________________

Telephone: ______________________________________________________________

E-mail address: ___________________________________________________________

Please answer the following on a separate page:

Chapter Application

1. Explain the health science program at your school and why you feel your school and students would benefit from having a Texas HOSA Chapter.
2. Please describe the economic situation that makes the school eligible to receive funding through the Inspire Fund.
3. Should your school be funded, explain a plan for how your school’s newly chartered Texas HOSA Chapter would sustain itself in following years.

Individual Membership Application

1. Explain the health science program at your school and why you feel you would benefit from participating in Texas HOSA.
2. Please describe the economic situation that makes the individual eligible to receive funding through the Inspire Fund.
3. Should your individual membership be funded, explain a plan for how you would be involved in your chapter. Examples could be to run for office (local, area, or state), be active in chapter meetings, compete, and participate in fundraisers, etc.

**LDI Registration**

1. Please describe the economic situation that makes the individual’s registration eligible to receive funding through the Inspire Fund. List all student officers seeking financial assistance.

To the best of my knowledge, the information provided in this application is accurate.

__________________________________________________________________________
Signature of Advisor                          Date

__________________________________________________________________________
Printed Name of Advisor

__________________________________________________________________________
Signature of School Principal or Collegiate Advisor  Date

__________________________________________________________________________
Printed Name of School Principal or Collegiate Advisor

__________________________________________________________________________
Signature of Student Member (if applicable)  Date

__________________________________________________________________________
Printed name of Student Member (if applicable)

__________________________________________________________________________
Signature of Parent/ Guardian required of those asking for individual assistance  Date

__________________________________________________________________________
Printed Name of Parent/Guardian

If you have any questions regarding the Inspire Fund, please contact Janet Villarreal at janet.villarreal@texashosa.org or toll free 877-728-0150. Email completed application and necessary documentation to Janet Villarreal.