



5415 Springfield
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www.texashosa.org

2017-2018

Inspire Fund

An Opportunity for Free Texas HOSA Membership

The Texas HOSA: Future Healthcare Professionals currently has funds available for eligible schools to pay for Texas HOSA membership (Ten students and one advisor) for one year. The Inspire Fund is made available through donations from Texas HOSA Board of Directors.

Eligibility categories are:

- 1) A school that has never before has 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 not has a Texas HOSA Chapter for at least five years and there is not school or community financial support available to pay for membership. This requires the principal's signature for verification.
- 3) A school that has had a Texas HOSA Chapter within the last five years, but is currently experiencing economic hardship due to a natural disaster. This requires the principal's signature.

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

Tips for 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 piece of paper.

Existing Program: A paragraph summarizing course content/philosophy, along with a statement about how you see Texas HOSA benefiting your students.

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. Is applying due to extreme economic hardship, please provide adequate documentation to describe the situation.

Future Plan: A future plan for paying membership dues might include a presentation to a community group to ask 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)

School Contact: _____

Street address: _____

City, State, Zip Code: _____

Telephone: _____ Fax: _____

E-mail address: _____

Please answer the following on a separate sheet of paper.

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 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.

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

Signature of school principal: _____

Date: _____

If you have any questions regarding the Inspire Fund, please contact Janet Villarreal at texashosa@stx.rr.com or toll free 877-728-0150.

Return this completed application by mail to:

Texas HOSA, 5415 Springfield, Suite 5A Laredo, TX 78041

Telephone: 877-728-0150

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