



August 18, 2025

Dear Students and Parents:

Students of WCTA are invited to join our HOSA-Future Health Professionals Chapter for the 2025-2026 school year. Our organization is designed to give students valuable skills that will help them take their place more effectively in the workplace and society. Students will develop leadership, organization, management skills, and participate in community service projects.

HOSA is a place for students to expand upon the learning opportunities in health care and supports young people who plan to pursue a career in a health occupation field. Various college scholarships in health care are only available to HOSA members of good standing upon graduation.

In our HOSA chapter, we encourage leadership through the election of officers and participation in committees. Participation is supported through social activities, leadership development sessions, business meetings, and the opportunity to participate in skills and academic competitions at the state and national level. Community service is an important part of our focus as we support and participate in community health related organizations and promote a healthy lifestyle. Each year, our organization has a national focus. This year, all national HOSA chapters will support the Be The Match mission that is operated by the National Marrow Donor Program (NMDP). We will also be organizing our annual Holiday Food Drive in November and donate to the Las Vegas Mission. Other opportunities to support our community will be selected by HOSA members as the year progresses.

The cost of membership for the 2025-2026 school year is \$30.00. \$10.00 goes to the National HOSA Organization, \$12.00 goes to the Nevada State Association, and \$8.00 goes to our WCTA chapter. Students who would like to purchase a shirt with their membership will need to pay \$40.00. Fundraising is needed throughout the year to have funds available for events and event fees. Through our fundraising efforts, we hope to decrease our out of pocket costs as much as possible. We will be selling sandwiches every Tuesday during lunch. Student and parent participation is what helps make HOSA a success!

Our chapter will mostly meet every other Monday after school from 1:45pm - 2:40pm in the cafeteria. Consecutive dates or ad-hoc meetings can be called during the school year as needed. Some meeting timings may vary according to changes in school regulations. The late bus is available daily at 3:50 p.m.

As WCTA chapter advisors, we are looking forward to sharing these tremendous opportunities with your student this year and guiding them to future success in the healthcare industry.

There is a HARD DUE DATE for registration payment and form of Friday, September 5, 2025. Please pay the banker, obtain & keep your receipt and submit both the form and receipt to advisors or officers by the Monday, September 8, 2025 general meeting.

Sincerely,

Jason Gonzales, MS, NBCT
HOSA Advisor/Biomedical Program Teacher

Allison Halpin, MS
HOSA Advisor/Biomedical Program Teacher

WCTA HOSA Member Information Sheet

Print Name: _____ Grade: _____

Student # _____ Program: _____ Program Class Period : ____ Sex: M / F / Non-Binary / Other

Home Address: _____ T-Shirt Size: S M L XL 2XL 3XL

City: _____ State: _____ Zip Code: _____

Email Address (@nv.ccsd.net): _____

Home # () _____ Cell # () _____

As a HOSA member, I will attend meetings on a regular basis, participate in community events and fundraising, and wear either our club t-shirts or professional dress to events. If I am not able to participate due to conflicts such as sports or other events, I will ask the HOSA Secretary/advisor for a verification form to be signed by the team coach or event manager to verify the dates and times of my absence. This will allow my time away not to be counted as absences. I am aware that excessive undocumented absences may suspend or cause my membership in HOSA to cease according to the bylaws. By signing this, I pledge to be an active member and support HOSA for the 2025-2026 school year.

Student Signature: _____ Date: _____

As the parent of the above student, I understand and agree to support my son/daughter to participate in HOSA at WCTA. I will either provide transportation after meetings or have my student ride the late bus leaving WCTA at 4:00. If my child is out of the zone area for transportation, I agree to arrange to have my child picked up no later than 4pm.

Parent (Print) _____ Date: _____

Parent (Signature) _____

Do Not Write below this line - For HOSA Secretary/Advisor only

\$40.00 Covers cost of membership and HOSA shirt. Paid: _____

\$30.00 Covers cost of membership (no shirt). Paid: _____

Date Rec: _____