

Due January 31, 2018

**Advisor's Recommendation**

This appraisal is part of the Ohio HOSA Officer Application. It can be emailed to [ohiohosa.14@gmail.com](mailto:ohiohosa.14@gmail.com) with an implied signature of approval or it can be mailed separately from the application to the **Jim Scott, Ohio HOSA, 5943 Ocala Court, Galloway, Ohio 43119.**

|                                         |
|-----------------------------------------|
| CANDIDATE'S NAME <i>(First M. Last)</i> |
|                                         |

**Advisor's Appraisal**

| Description                                                  | <i>Please type an "X" in the appropriate box.</i> |           |      |      |      |
|--------------------------------------------------------------|---------------------------------------------------|-----------|------|------|------|
|                                                              | Excellent                                         | Very Good | Good | Fair | Poor |
| General Leadership of candidate                              |                                                   |           |      |      |      |
| Applicant's overall character                                |                                                   |           |      |      |      |
| Reputation of applicant within chapter, school and community |                                                   |           |      |      |      |
| Applicant's reliability                                      |                                                   |           |      |      |      |
| Applicant's ability to follow through on a task              |                                                   |           |      |      |      |
| Applicant's public speaking ability                          |                                                   |           |      |      |      |
| Applicant's academic acumen                                  |                                                   |           |      |      |      |

|                                                                                                   |
|---------------------------------------------------------------------------------------------------|
| <b>Why do you recommend the applicant to be an officer?</b> (limited to the space provided below) |
|                                                                                                   |

|                                                                                                                       |       |
|-----------------------------------------------------------------------------------------------------------------------|-------|
| <b>Advisor's Signature (Please type name in the space if emailing this form to Jim Scott – Ohiohosa.14@gmail.com)</b> |       |
| The above information is a true, sincere and honest appraisal of the Ohio HOSA officer applicant.                     |       |
| Chapter Advisor:                                                                                                      | Date: |