



Illinois Association of School Nurses' Foundation

4202 Woodland Ave., Western Springs, IL 60558

IASchoolNurses@gmail.com

Linda Kimel – President

Ginger Barnes – Vice-President

Nila Hawkins – Sec./Treasurer

L. Lynn Rochkes – Member-at-large

Genie Vuagniaux – Member-at-large

Dear Grant Applicant,

Thank you for your inquiry about the Illinois Association of School Nurses (IASN) Foundation's School Nurse Certificate Grant. Each year the IASN Foundation awards one or two \$500.00 grants. Award(s) will be based upon personal needs and individual goals in school nursing. When applying for the grant the applicant:

1. Must be currently enrolled or have completed a School Nurse Endorsement Program (PEL-CSN) within the past academic year.
2. Must have a faculty member of the Certificate Program sign the application form.
3. Must be a member of the Illinois Association of School Nurses.

Application must be received by August 1. If you have further questions, please contact me.

Sincerely

Ginger Barnes, IASN Foundation Vice-President

7077 Illinois Route 16

Hillsboro, IL 62049-3420

Email: prbyginger@yahoo.com

Which School Nursing Certificate program are you/did you attend?

Date of entry and date of anticipated completion:

Date you anticipate being eligible for PEL-CSN Certificate:

Are you a member of the Illinois Association of School Nurses?

What are your future Professional school nursing plans including involvement with the Illinois Association of School Nurses (IASN)?

Please attach to this application a letter (250 words or less) to the Illinois Association of School Nurses (IASN) regarding your philosophy of school nursing, evidence of professional activities and aspirations and goals for contributing to the advancement of professional school nursing in Illinois.

A School Nurse Certificate Program faculty member must endorse this application.

Program Faculty Member Signature:

Date:

Email of Program Director:

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND CORRECT.

Applicant's Name/Signature:

Date:

Email the forms to prbyginger@yahoo.com or

Mail your completed form to:
Ginger Barnes, IASN Foundation Vice-President
7077 Illinois Route 16
Hillsboro, IL 62049-3420

Deadline for completed application: Midnight August 1

This includes your application form, personal letter of goals, and confirmation from the Certification Program Director or Faculty Member. ALL MUST BE RECEIVED BY AUGUST 1 TO BE ELEGIBLE FOR AWARD.

Date Postmarked _____

Date Received _____