



## *Illinois Association of School Nurses' Foundation*

*5567 Pepper Dr. Rockford, IL 61114*

*IASNFoundation.contact@gmail.com*

*Linda Kimel – President*                      *Susan Kruckman –Member-at-large*  
*L. Lynn Rochkes – Vice-President*              *Michelle Maurer – Member-at-large*  
*June Oney – Sec./Treasurer*

### **IASN FOUNDATION ACHIEVEMENT AWARDS**

The IASN Foundation promotes school nurses involvement in professional activities. To honor professional achievements, the IASN Foundation offers two \$150 award annually to IASN members. These awards recognize achievements that impact school nursing or the health of children/youth. Achievements can consist of things such as: writing an article for publication in a professional journal, conducting a quality improvement project, developing and implementing a school program, developing and implementing a school based project, accomplishing a special project for IASN, first time oral presentation at the NASN conference.

The achievement must have been completed within 24 months of the application deadline.

#### **To Apply:**

- Complete the application form (attached)
- Write 1 to 2 pages explaining the achievement including a description of the achievement, outcome of the project/activity, and how achievement contributes to school nursing.
- Use 1 inch margins, double spacing, minimum of 12 point font when writing about the project.
- E-mail the application form as an attachment and written pages explaining the achievement to: IASNFoundation.contact@gmail.com
- **DEADLINE: Midnight September 1**

**IASN FOUNDATION ACHIEVEMENT AWARD APPLICATION FORM**

Name: \_\_\_\_\_ Credentials: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_  
E-mail: \_\_\_\_\_

Job Title/position: \_\_\_\_\_  
\_\_\_\_\_

Employer: \_\_\_\_\_  
\_\_\_\_\_

Employer Address: \_\_\_\_\_  
\_\_\_\_\_

NASN/IASN Membership #: \_\_\_\_\_  
Highest Degree Held: \_\_\_\_\_  
University/College: \_\_\_\_\_

Title of Achievement: \_\_\_\_\_  
\_\_\_\_\_

Date of Completion: \_\_\_\_\_

Co-Achievers (if any): \_\_\_\_\_  
\_\_\_\_\_

Co-Achievers Address: \_\_\_\_\_  
\_\_\_\_\_

Co-Achievers Phone: Home \_\_\_\_\_ work \_\_\_\_\_  
Co-Achievers e-mail: \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Applicant Date

\_\_\_\_\_  
Signature of Co-Applicant Date