The Marquette-Kaskaskia Legacy Grant

The former Marquette-Kaskaskia IASN division is offering 2 one-time $1,200 grants to nurses pursuing a Professional Educator's License as a School Nurse. These grants are for the purpose of assisting members in the former Market-Kaskaskia area obtain their School Nurse Certification.

Applicants must:
- Reside in Pike, Scott, Calhoun, Macoupin, Madison, Greene, Jersey, Montgomery, Bond, St. Clair, and Monroe.
- Been approved for and started in an Approved Illinois School Nurse Certification Program.
- Be a current member of the IASN

The grant will be given to the individual. The individual is responsible for any applicable taxes.

To Apply:
- Complete the application form (attached)
- Attach a letter (500 words or less) to the Illinois Association of School Nurses (IASN) regarding your philosophy of school nursing and your aspirations / goals for contributing to the of professional school nursing in Illinois.
- Have a School Nurse Certification Program faculty member sign the application
- E-mail the application form as an attachment and written pages explaining the project to: IASNFoundation.contact@gmail.com

DEADLINE: Midnight September 1
Marquette - Kaskaskia Legacy Grant Application Form

Last Name: _______________________
First Name: _______________________
Address: ____________________________________________________________
Telephone: Home: __________________ Work: ____________________________
Personal E-mail: ______________________________________________________
IASN/NASN Membership #: _______________________

College/University Where BSN Obtained: _________________________________
Date of Graduation: __________________
School Nurse Certification Program: _________________________________
Date enrolled in/accepted into the Certification Program: __________________
Name of District where will serve/served Internship: _______________________
Date you anticipate being eligible for PEL-CSN Certification: __________________

Current Employer: ______________________________________________________
Employer’s Address: ___________________________________________________
Current Job Position: ___________________________________________________

Explain any large financial obligations (college tuition, medical bills, child support, etc):
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

List your professional activities (committee work, local projects you helped with, IASN Involvement, conferences attended, etc)
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

*Attach a letter (500 words or less) to the Illinois Association of School Nurses Foundation (IASN - F) regarding your philosophy of school nursing and aspirations / goals for contributing to the professional school nursing in Illinois.

A School Nursing Certification Program faculty member MUST endorse this application.
Program Faculty Member Name: ____________________________________________
Position: _______________________________________________________________
Email: ________________________________

Signature: ___________________________ Date: ____________

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND CORRECT.
Applicant’s Signature: ___________________________ Date: ________________