***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***

**The IASN Foundation Margaret I. Winters Memorial Scholarship**

The IASN Foundation offers one Margaret Winters Scholarship annually to an Illinois Professional Educator Licensed and Endorsed School Nurse in the process of obtaining a graduate degree related to school nursing. The Margaret Winters Memorial Scholarship was established to promote graduate level education among Professional Education Licensed School Nurses. The scholarship is intended to help offset part of the cost of pursuing the graduate degree. All graduate programs require a scholarly project as part of the course of study. This project may be used to fulfill the scholarship application requirements. The amount of the scholarship is $1,500.00. The recipient will also receive complimentary admission to the next IASN Annual Conference (approximate value $150).

Application Criteria

1. Illinois Professional Educator License with an endorsement in School Nursing or currently enrolled in a School Nurse Certification Program
2. Current enrollment, or proof of enrollment for the upcoming semester, in a graduate level program which has as its core, nursing or nursing management in the school setting
3. Active membership in the Illinois Association of School Nurses

Project Criteria

This project must be evidence-based and reflect direct benefit to the children of Illinois and/or the practice of School Nursing. The project must be in the process of completion or completed within the previous year of applying for the consideration of this award.  Projects more that 2 years previously completed will not be accepted.

Expectations of Award Winner(s)

Prepare and present the project as a poster presentation (not eligible for poster award),a verbal presentation at the next IASN Conference, or submitting an article suitable for publication in the IASN Newsletter. The award recipient will be encouraged to submit an article for publication in a school nursing related journal.

The winner(s), if a research project done, will be encouraged to submit the project for the NASN Lillian Wald Research Award, but the completion time for the NASN Award is 12 months.

**To Apply:**

* Complete the application form (attached)
* Have a Graduate Program faculty member sign the application
* Attach a letter from applicant stating her/his vision of how children’s lives or school nursing will be affected by the project and how the project contributes to her/his professional goals.
* Attach a narrative detailing project not to exceed 6 pages.
* Use 1 inch margins, double spacing, minimum of 12 point font, single sided when writing about the project.
* If submitting a research project, IRB approval is required.

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* **DEADLINE: Midnight September 1**

**IASN Foundation Margaret Winters Scholarship Application Form**

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Telephone: Home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NASN/IASN Membership #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Employer's Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Job Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College/University Where Enrolled:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anticipated Date of Graduation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A Graduate Program faculty member MUST endorse this application.

Program Faculty Member Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_