The North Lakes Legacy Grant

The former North Lakes IASN division is offering 2 one-time grants of $2,000 to nurses pursuing a Professional Educator’s License as a School Nurse. These grants are for the purpose of assisting members in the former North Lakes area obtain their School Nurse Certification. One grant will go to a student attending the School Nurse Certification Program at U.I.C. and one grant will go to a student attending Lewis University's School Nurse Certification Program.

Applicants must:
- Reside in Lake County.
- Been approved for and started in an Approved Illinois School Nurse Certification Program.
- Be a current member of the IASN

The grant will be paid directly to the university.

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
North Lakes 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: ________________________