Northwest IASN Conference Attendance Scholarship

The former Northwest IASN Division is offering grants for school nurses in northwestern Illinois to attend the IASN Annual conference. Up to twelve $150 grants will be awarded annually. Grants will continue to be awarded until all the money is used up.

Applicants must:
- Reside in Boone, Winnebago, Ogle, Stephenson, or JoDavies counties.
- Be a current member of IASN
- Agree to share information learned at the conference with other nurses in their school district after the conference and before the end of that school year.

The scholarship will be paid to the individual on the last day of the conference. Must be present to receive the scholarship.

To Apply:
- Complete the application form (attached)
- E-mail the application form as an attachment and written pages explaining the project to: IASNFoundation.contact@gmail.com

DEADLINE: Midnight September 1
Northwest IASN Conference Attendance Scholarship Application Form

Last Name: ______________________  First Name: ______________________
Credentials: ______________________
Address: ______________________
Telephone: Home:____________  Work:________________
Personal E-mail:____________________
IASN/NASN Membership #: ____________  Years as an IASN Member: ____________

Current Employer: _________________________________________________________
Employer’s Address: _________________________________________________________
Current Job Position: _________________________________________________________

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

Explain what you hope to learn/gain by attending the IASN Annual conference:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

How do you plan to share the information you learn at the conference with the other nurses in your district?
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Signature: ___________________________  Date: _____________

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

Applicant’s Signature: ___________________________  Date: _____________