



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 SCHOOL NURSE CERTIFICATION GRANT

The IASN Foundation School Nurse Grant is intended to provide some financial assistance to IASN members obtaining their School Nurse Certification. The IASN Foundation offers two \$800.00 grants annually. Recipients also receive complimentary admission to the next IASN Annual Conference (approximate value: \$150). Award will be based upon personal needs and individual goals in school nursing.

Applicants must:

- Be currently enrolled in, or completed within the past academic year, an Illinois School Nurse Certification Program .
- Be current members of the Illinois Association of School Nurses Association (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 and letter to:
IASNFoundation.contact@gmail.com
- **DEADLINE: Midnight September 1**

IASN Foundation School Nurse Certification Grant Application Form

Last Name: _____ First
Name: _____
Address: _____

Telephone: Home: _____
Work: _____
Personal E-mail: _____
IASN/NASN Membership Number: _____

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 (such as 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: _____

Faculty Signature: _____ Date: _____

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

Applicant's Signature: _____ Date: _____