

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: _____