



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 STATE-WIDE PEL GRANT

The IASN Foundation Statewide PEL 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**

The IASN Foundation State-Wide PEL Grant Application Form

Last Name: _____ First Name: _____
Address: _____
Telephone: Personal: _____ 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: _____