

**The South-Western Illinois PEL Grant Application Form**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: Personal: \_\_\_\_\_ 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 verify your enrollment.

Program Faculty Member Name: \_\_\_\_\_

Position: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_