



Illinois Association of School Nurses' Foundation

5567 Pepper Dr. Rockford, IL 61114

IASNFoundation.contact@gmail.com

Linda Kimel – President

Janet Ritter – Vice-President

Maureen Rabbitte - Research Coordinator Pam Barron - Mentorship Coordinator

Susan Kruckman – Member-at-large

Jenna Palmisano – Member-at-large

June Oney – Sec./Treasurer

THE IASN FOUNDATION STATE-WIDE RN TO BSN GRANT

The IASN Foundation State Wide BSN Grant is intended to provide some financial assistance to IASN members obtaining their BSN. The IASN Foundation offers two \$500.00 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, a BSN Program.
- Be working as an RN in a school setting currently and for the past 2 years.
- Be an Illinois Association of School Nurses Association (IASN) member currently and for the past two years.

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 profession of school nursing in Illinois.
- Have a BSN 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 BSN Grant Application Form

Last Name: _____ First Name: _____
Address: _____
Telephone: Personal: _____ Work: _____
Personal E-mail: _____
IASN/NASN Membership Number: _____

College/University Where BSN is being Obtained: _____
Date of Graduation: _____
Date enrolled in/accepted into the BSN Program: _____

Current Employer: _____
Employer's Address: _____
Current Job Position: _____

Describe your experience working in school nursing over the past two or more years:

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 profession of school nursing in Illinois.

A BSN 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: _____