

## **The DuPage Valley PEL Grant**

The DuPage Valley PEL Grant is intended to provide some financial assistance to IASN members in the former DuPage Valley Division area obtaining their School Nurse Certification. Up to 10 one-time grants of \$1,000 may be awarded annually until the funds run out.

### **Applicants must:**

- Reside in DuPage or Will Counties.
- Been approved for and started in the internship program of a PEL-CSN program in the past 12 months.
- Been a current member of the IASN for at least one year.

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 as an attachment and written pages explaining the project to: [IASNFoundation.contact@gmail.com](mailto:IASNFoundation.contact@gmail.com).

**DEADLINE: Midnight September 1**

**DuPage Valley PEL Grant Application Form**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: Home: \_\_\_\_\_ 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 endorse this application.

Program Faculty Member Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Email: \_\_\_\_\_

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

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

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