



## Illinois Association of School Nurses' Foundation

4202 Woodland Ave., Western Springs, IL 60558

[IASchoolNurses@gmail.com](mailto:IASchoolNurses@gmail.com)

*Linda Kimel – President*                      *Susan Kruckman –Member-at-large*  
*L. Lynn Rochkes – Vice-President*              *Michelle Maurer – Member-at-large*  
*June Oney – Sec./Treasurer*

### IASN FOUNDATION LOIS FRELS RESEARCH AWARD

The Lois Frels Research Award was established in 1991 and is presented to members of IASN in recognition of outstanding research which impacts school nursing and/or the health of children/youth. Dr. Lois Frels is former certified school nurse who has encouraged school nurses to do nursing research and remains a true friend to the school nursing profession. The amount of the award will be \$500.00.

The research must have been completed within 24 months of the application deadline.

The applicant(s) must be an active status member of IASN.

#### Expectations of Award Winner

Prepare and present the project as a poster presentation (not eligible for poster award), a verbal presentation at the next IASN Conference, or submitting an article suitable for publication in the IASN Newsletter. The award recipient will be encouraged to submit an article for publication in a school nursing related journal.

The award recipient will be encouraged to publish the research project. The winner(s) will be encouraged to enter the project for the NASN Lillian Wald Research Award, but the completion time for NASN is 12 months. An individual may enter the NASN Research Award independently of IASN.

Past award winner(s) may submit new research projects every five (5) years.

#### To Apply:

- Complete the application form (attached)
- Submit a Resume
- Submit a report of completed research, which includes: (not to exceed 6 pages)
  - A. Title of study or project
  - B. Purpose of study or project including the research question or hypotheses.
  - C. Description of the methodology used and the results of data collected.
  - D. Contribution the project will make to the field of school nursing and/or health of children/youth
- Use 1 inch margins, double spacing, minimum of 12 point font when writing about the project.
- E-mail the application form as an attachment and written pages explaining the project to:  
Robin Shannon, Innovation and Inquiry Chair, at [rshann6859@gmail.com](mailto:rshann6859@gmail.com)
- **DEADLINE: Midnight September 1**

## LOIS FRELS RESEARCH AWARD APPLICATION FORM

Name: \_\_\_\_\_ Credentials: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: Home \_\_\_\_\_ Work \_\_\_\_\_  
E-mail: \_\_\_\_\_

Job Title/position: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
IASN Division: \_\_\_\_\_  
Highest Degree Held: \_\_\_\_\_ University/College: \_\_\_\_\_

For Students:  
University attending: \_\_\_\_\_  
Degree program: \_\_\_\_\_  
Anticipated graduation date: \_\_\_\_\_  
Faculty Advisor: \_\_\_\_\_

Title of Research: \_\_\_\_\_  
Date of Completion: \_\_\_\_\_

Co-Researcher (if any): \_\_\_\_\_  
Co-Researcher Address: \_\_\_\_\_  
Co-Researcher Phone: Home \_\_\_\_\_ work \_\_\_\_\_  
Co-Researcher e-mail: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant Date

\_\_\_\_\_  
Signature of Co-Applicant Date