

The North Lakes Legacy Grant

The former North Lakes IASN division is offering 2 one-time grants of \$2,000 to nurses pursuing a Professional Educator's License as a School Nurse. These grants are for the purpose of assisting members in the former North Lakes area obtain their School Nurse Certification. One grant will go to a student attending Lewis University's School Nurse Certification Program. (grants for students at other programs have already been awarded)

Applicants must:

- Reside in Lake County.
- Been approved for and started in an Approved Illinois School Nurse Certification Program.
- Be a current member of the IASN

The grant will be paid directly to the university.

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.

DEADLINE: Midnight September 1

North Lakes Legacy 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: _____