

IASN Foundation School Nurse Certification Grant Application Form

Last Name: _____ First Name: _____
Address: _____
Telephone: Home: _____ Work: _____
E-mail: _____ IASN Division: _____

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: _____

Marital Status: Single _____ Married _____ Divorced/Separated/Widowed _____
Number of people living in the household: Adults _____ Children under 18 yrs old _____

Please provide a statement demonstrating the need for financial assistance. Explain any large financial obligations (such as college tuition, medical bills, child support, etc):

What are your future Professional plans including involvement with IASN?

Please attach a letter (500 words or less) to the Illinois Association of School Nurses (IASN) regarding your philosophy of school nursing, evidence of professional activities and aspirations and goals for contributing to the advancement of 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: _____