



## **Illinois Association of School Nurses' Foundation**

4202 Woodland Ave., Western Springs, IL 60558  
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 SCHOOL NURSE CERTIFICATION GRANT**

The IASN Foundation School Nurse Grant is intended to provide some financial assistance to IASN members obtaining their School Nurse Certification. 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, an Illinois School Nurse Certification Program. Applicants must be members of the Illinois Association of School Nurses Association (IASN).

#### **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, evidence of professional activities and aspirations and goals for contributing to the advancement 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: L. Lynn Rochkes - IASN Foundation Vice-President at [laurarochkes@gmail.com](mailto:laurarochkes@gmail.com)
- **DEADLINE: Midnight September 1**

# **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):

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What are your future Professional plans including involvement with IASN?

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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: \_\_\_\_\_