



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

*5567 Pepper Dr. Rockford, IL 61114*

*IASNFoundation.contact@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 \$800.00 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 .
- Be current members of the Illinois Association of School Nurses Association (IASN).

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 and letter to:  
IASNFoundation.contact@gmail.com
- **DEADLINE: Midnight September 1**

**IASN Foundation School Nurse Certification Grant Application Form**

Last Name: \_\_\_\_\_ First  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_  
Work: \_\_\_\_\_  
Personal E-mail: \_\_\_\_\_  
IASN/NASN Membership Number: \_\_\_\_\_

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 (such as college tuition, medical bills, child support, etc):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List your professional activities (committee work, local projects you helped with, IASN Involvement, conferences attended, etc)

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\*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: \_\_\_\_\_

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

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

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

\_\_\_\_\_