



MISSOURI ASSOCIATION OF SCHOOL NURSING FRIENDS OF SCHOOL NURSING

Description:

An award to acknowledge a person or group who has made a statewide contribution to assist MASN in achieving its goal of quality health care for all Missouri children.

Eligibility:

Any person or group outside of school nursing who has made a statewide contribution to assist MASN in achieving its goal of quality health care for all Missouri children.

Procedure for Submission of Application:

Submit the following to the MASN Awards chair by January 15th.

1. Any school nurse who is a member of MASN may nominate a person or group meeting the above criteria.
2. Completed nomination form-see the back of this form
3. Letter or letters of recommendation(s) supporting the qualifications of the nominee, listing contributions to school nursing.



**MISSOURI ASSOCIATION OF SCHOOL NURSING
FRIENDS OF SCHOOL NURSING NOMINATION FORM**

Name of Nominee/Group _____

Nominee's Street Address _____

City _____ State _____ Zip Code _____

Phone # (Cell) _____ (Work) _____

	Name	email address	Mailing Address
Nominator			
Letter of support from			
Letter of support from			
Letter of support from			
Nominee's Lead Nurse			
Nominee's Superintendent			
Nominee's Principal			

Date nomination submitted _____

Date nomination received _____

Date nomination reviewed _____