



## **MISSOURI ASSOCIATION OF SCHOOL NURSES OUTSTANDING SERVICE BY A SCHOOL NURSE NOMINATION FORM**

**Description:** An award to recognize a school nurse who has made an outstanding contribution to his/her school, community, district, or state organization

### **Eligibility:**

Please check all criteria below:

- Registered professional nurse
- Currently practicing as a full time school nurse
- Current member of MASN
- Has made an outstanding contribution to his/her school, district, or state organization

### **Procedure for Submission of Application:**

Submit the following documentation electronically to the MASN Awards Chair by January 15th.

1. Above criteria eligibility checklist
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. Letters can be made by any group or individual concerned with the health care of Missouri children.



## MISSOURI ASSOCIATION OF SCHOOL NURSES OUTSTANDING SERVICE BY A SCHOOL NURSE NOMINATION FORM

Name of Nominee \_\_\_\_\_

Nominee's Home Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Present position \_\_\_\_\_

	Name	email address	Mailing Address
<b>Nominator</b>			
<b>Nominee's District/ President's name</b>			
<b>Letter of support from</b>			
<b>Letter of support from</b>			
<b>Letter of support from</b>			
<b>Nominee's School</b>			
<b>Nominee's School District</b>			
<b>Nominee's Lead Nurse</b>			
<b>Nominee's Superintendent</b>			
<b>Nominee's Principal</b>			

District President Signature \_\_\_\_\_

Date nomination submitted \_\_\_\_\_

Date nomination received \_\_\_\_\_

Date nomination reviewed \_\_\_\_\_