



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 |
|---|------|---------------|-----------------|
| Nominator | | | |
| Nominee's District/ President's name | | | |
| Letter of support from | | | |
| Letter of support from | | | |
| Letter of support from | | | |
| Nominee's School | | | |
| Nominee's School District | | | |
| Nominee's Lead Nurse | | | |
| Nominee's Superintendent | | | |
| Nominee's Principal | | | |

District President Signature _____

Date nomination submitted _____

Date nomination received _____

Date nomination reviewed _____