



## **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
<b>Nominator</b>			
<b>Letter of support from</b>			
<b>Letter of support from</b>			
<b>Letter of support from</b>			
<b>Nominee's Lead Nurse</b>			
<b>Nominee's Superintendent</b>			
<b>Nominee's Principal</b>			

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

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

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