



ST. LOUIS SUBURBAN SCHOOL NURSE ASSOCIATION FRIENDS OF SCHOOL NURSING

Description:

An award to acknowledge a person or group who has contributed to assist SLSSNA in achieving its goal of quality health care for all children in the St. Louis Suburban area.

Eligibility:

Any person or group outside of school nursing who has contributed to assist SLSSNA in achieving its goal of quality health care for all children in the St. Louis Suburban area.

Procedure for Submission of Application:

Submit the following to the SLSSNA Awards chair by **October 15th** to **Debbie Scales** at **dscales631@gmail.com**

1. Completed nomination form-see the back of this form
2. Letter or letters of recommendation(s) supporting the qualifications of the nominee, listing contributions to school nursing.



ST. LOUIS SUBURBAN
SCHOOL NURSES
ASSOCIATION

**ST. LOUIS SUBURBAN SCHOOL NURSE ASSOCIATION
FRIENDS OF SCHOOL NURSING NOMINATION FORM**

Name of Nominee/Group _____

Nominee's Street Address _____

City _____ State _____ Zip Code _____

Phone # (Cell) _____ (Work) _____

Notification of award winners will be sent via email to award winners, their principal, lead nurse, and superintendent, the nominator, and those sending letters of support.

	Name	email address
Nominator		
Letter of support from		
Letter of support from		
Letter of support from		
Nominee's Organization		

Date nomination submitted _____

Date nomination received _____

Date nomination reviewed _____