



ST. LOUIS SUBURBAN SCHOOL NURSE ASSOCIATION LIFE MEMBERSHIP

Description: Life Membership may be granted to any SLSSNA member who meets the below criteria.

Eligibility: To be eligible for Life Membership, the nominee must meet all of the following criteria. Please check all criteria below

- ☐ Active in school nursing 15 years or more.
- ☐ Member of SLSSNA district 10 or more years as active, associate, or retired/active.
- ☐ Served on BOD and committees in SLSSNA district
- ☐ Shall not be in SLSSNA elected office at the time of presentation.
- ☐ Made significant contributions to school nursing or the school health program at the district level.
- ☐ Initiated programs for students that strengthen the educational process through improvement of health.
- ☐ Organized and/or furthered district organization.
- ☐ Active or retired from school nursing.
- ☐ Worked on a committee at district level.

Procedure for Submission of Application:

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

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 and committee work and dates serving on BOD



ST. LOUIS SUBURBAN
SCHOOL NURSES
ASSOCIATION

**ST. LOUIS SUBURBAN SCHOOL NURSE ASSOCIATION
LIFE MEMBERSHIP NOMINATION FORM**

Name of Nominee _____

Nominee's Home 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 School		
Nominee's School District		
Nominee's Lead Nurse		
Nominee's Superintendent		
Nominee's Principal		

Number of Years as SLSSNA Member _____

SLSSNA BOD positions and committee work _____

Date nomination submitted _____

Date nomination received _____

Date nomination reviewed _____