



## ST. LOUIS SUBURBAN SCHOOL NURSE ASSOCIATION FRIENDS OF SCHOOL NURSING

### **Description:**

An award to acknowledge a person or group who has made a contribution 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 made a contribution 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 9th** to Becky  
Cartmill@parkwayschools.net

1. Any school nurse who is a member of a SLSSNA 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.



ST. LOUIS SUBURBAN  
**SCHOOL NURSES**<sup>®</sup>  
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
<b>Nominator</b>		
<b>Letter of support from</b>		
<b>Letter of support from</b>		
<b>Letter of support from</b>		
<b>Nominee's Organization</b>		

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

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

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