



ST. LOUIS SUBURBAN  
**SCHOOL NURSES**<sup>®</sup>  
A S S O C I A T I O N

## ST. LOUIS SUBURBAN SCHOOL NURSE ASSOCIATION RISING STAR

**Description:** An award to recognize a new school nurse who has made an impact in her school or community as an emerging leader in school nursing.

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

- Registered professional nurse or a licensed practical nurse.
- Currently practicing as a full time school nurse.
- Has worked in school nursing less than 3 years, including current year.
- Current member of SLSSNA

### **Procedure for Submission of Application:**

Submit the following to the SLSSNA Awards Chair by **October 9th** to Becky Cartmill at [rcartmill@parkwayschools.net](mailto:rcartmill@parkwayschools.net)

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



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ASSOCIATION

**ST. LOUIS SUBURBAN SCHOOL NURSE ASSOCIATION  
RISING STAR NOMINATION FORM**

Name of Nominee \_\_\_\_\_

Nominee's Home Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Present position \_\_\_\_\_

Number of years working as a school nurse \_\_\_\_\_

**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 School</b>		
<b>Nominee's School District</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 \_\_\_\_\_