



ST. LOUIS SUBURBAN  
**SCHOOL NURSES**  
ASSOCIATION

## 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 **November 15<sup>th</sup>** to **Debbie Scales** at **[dcales631@gmail.com](mailto:dcales631@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

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
<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>		

Number of Years as SLSSNA Member \_\_\_\_\_

SLSSNA BOD positions and committee work \_\_\_\_\_

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

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

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