



ANNUAL EDUCATIONAL AWARD

Nomination Form

This annual award of \$400.00 is given by IPN to a Registered Nurse (R.N.) who is a motivated learner and who wishes to advance his/her education in nursing or a related field. The Education Award is unrestricted, and can be used for any related educational expense, including conference fees, tuition, books, etc. The recipient of the Educational Award will also receive a complimentary registration for the Spring IPN program in May, when this award is announced. In addition, the recipient will receive a one-year membership to IPN (this can be given to a colleague if recipient is already an IPN member). Two complimentary registrations for the next Fall IPN program will also be provided. The candidate must either live or work in Michigan.

Application: If you wish to nominate a colleague or to apply for the award yourself, complete and return this form by either

- 1.) Typing directly in this form and emailing it as a Word attachment to ipnursing@gmail.com; or
- 2.) Hand-writing on this form and then scanning or saving it as a .pdf document, and emailing it to ipnursing@gmail.com.
- 3.) In the email SUBJECT LINE, type the words "Education Award."

Name of Nominee: _____ Email: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Place of employment (include facility name and city/state location): _____

Current Position: _____

Best Phone # _____ (is this at home, work, or a cell? _____)

*Please describe why you believe this person should receive the **Annual IPN Educational Award**. Include personal and professional qualities and achievements that support your nomination, or why this award would be important to this individual. [Additional documentation may be attached, including letters/statements from co-workers and the individual's CV or bio form]:*



The Institute of Professional Nursing

*A Nursing Organization Fostering Leadership Through
Education and Collaboration*

P.O.Box 1083
Ann Arbor, MI 48103
ipnursing@gmail.com

Continuation of IPN Educational Award Nomination:

Your Name (Type or Print): _____ **Email:** _____

Home Address: _____ City: _____ State: _____ Zip: _____

Best Phone # _____ (is this at home, work, or a cell? _____)

Best time of the day to call you: _____

Please email all attachments to ipnursing@gmail.com.