**AREA 2 GWINNETT COUNTY COUNCIL OF PTAs 2023-24 OUTSTANDING SCHOOL NURSE NOMINATION FORM**



 School nurses provide substantial medical care and offer critical services

 for the students of Georgia’s public schools. In recognition of National

 School Nurse Day in May, **Area 2 Gwinnett County Council of PTAs** will

 honor one (1) **OUTSTANDING SCHOOL NURSE** in elementary, middle,

 and high school from one of 44 local units in the council. For the purpose

 of this award, a school nurse is anyone who provides health care services

 for students on a full or part time basis at the local school. The nominated

 School Nurse must be a PTA member.

 If your School Nurse is a PTA member, and supports the mission of PTA,

 please complete this form and submit to ***Area 2 Gwinnett County***

 ***Council of PTAs, ATTN: 2022-23 AWARDS, 320 Town Center Avenue,***

 ***Suite C-11, #278, Suwanee, GA 30024 or***

 ***email:* secretary@area2gwinnettpta.com *on or before Saturday, March 16, 2024***. A panel of judges will select the winners. If your nominee is a winner, the PTA/PTSA President will be notified.

**This award will be presented at 2023-24 Area 2 Gwinnett County Council of PTAs Spring Awards Banquet.**

Elementary Nominee Middle School Nominee High School Nominee

School Name/PTA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Local Unit # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PTA/PTSA President \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Name of School Nurse \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Years as a School Nurse at this School\_\_\_\_\_\_\_ Number of Years as a School Nurse\_\_\_\_\_\_\_\_

**Attach a photograph and biography of the nurse’s education, career, awards, and recognitions.**

**All applications must be complete at time of submission and the following criteria must be met:**

• Use letter-size, 8 1⁄2” x 11” paper, one side only for each of the following statements. Include the PTA unit’s name and LU ID# in the top right corner of each page.

• Prepare a statement about the school nurse. The statement should tell us how your school nurse makes a significant difference in the lives of students in your school. It should be typed, double spaced with 1” margins, 12 pt. Times New Roman font, not to exceed two pages.

• Include up to 5 student statements with your local unit’s nomination. Student statements should describe how your school nurse helps students. Each student statement should not exceed 100 words for elementary students (K-5) or 200 words for middle or high school students (6-12). If typed, the student statements must be double spaced with 1” margins, 12 pt. Times New Roman font. If handwritten, please write or print clearly.

LU Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Principal Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name & Office of Person Submitting Application\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_