

NURSING STUDENT OF THE YEAR

Nomination Form

NAME OF NURSING STUDENT _____

NAME OF SCHOOL _____ YEAR IN SCHOOL _____

RECOMMENDATION BY _____

*** Nomination form must be filled out by ONE faculty member and ONE student. A total of two (2) forms required. Please type. Self-nomination is acceptable. VNSA/NSNA BOD are ineligible. *In the event you or your nominee is chosen, your essay will be read aloud at the awards banquet.*

What qualities does the nominee possess that make her/him qualified to be Nursing Student of the Year?

What contributions has the nominee made to the school, community, and field of nursing?

In what manner would the nominee contribute to a professional nursing organization?

What role is seen for the nominee as a future member of the professional nursing community?

Additional comments:

Signature: _____

Date: _____

Title : _____