



Coalition for Nursing Careers in California  
1800 Harrison Street, 17<sup>th</sup> Floor  
Oakland, CA 94612

## Student Nurse Ambassador Award

2005-06 ACADEMIC YEAR

# NOMINATION FORM

**PLEASE PRINT OR TYPE ALL INFORMATION ON THIS FORM COMPLETELY AND ACCURATELY.**

ALL REQUESTED INFORMATION IS MANDATORY. Incomplete or late documents will not be considered. Be sure to read the entire nomination packet carefully before completing this form. Please return all requested information to the address above by **September 11, 2006**. If you have any questions about this nomination, contact CNCC at (510) 625-7109.

### 1. GENERAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME
STREET ADDRESS		APT #
CITY	STATE	ZIP CODE
DAYTIME PHONE (     )	EVENING PHONE (     )	
E-MAIL ADDRESS:		

### 2. ELIGIBILITY

The Student Nurse Ambassador Award is designed to recognize a nursing student's active participation and commitment to nursing through outreach activities.

- ◆ Must be at least a second year nursing student enrolled in an accredited nursing program in California.
- ◆ Must be a current member of California Nursing Students' Association (CNSA) or the National Student Nurses' Association (NSNA).
- ◆ Must have participated in at least four outreach activities in 2005.

### 3. SCHOOL INFORMATION

School name: \_\_\_\_\_

Major/type of degree: ☐ ADN ☐ BSN ☐ Other: \_\_\_\_\_

Nursing major GPA: \_\_\_\_\_ Expected graduation date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### 4. INSTRUCTIONS

1. Fill out the enclosed nomination form completely and accurately — **please type**.
2. Please read the Student Nurse Ambassador Award Program Overview for additional instructions.
3. **Please note: It is your responsibility to ensure that all materials are completed and submitted on time**, even if another individual or institution submits them on your behalf. Incomplete or late applications will not be considered.

### 5. CERTIFICATION



All of the information on this form is true and complete to the best of my knowledge. If asked, I agree to provide substantiation of the information that I have given on this form.

APPLICANT'S SIGNATURE,

DATE

X

**PLEASE SUBMIT ALL REQUIRED DOCUMENTS TO THE ABOVE ADDRESS BY SEPTEMBER 11, 2006**