**NURSING STUDENT OF THE YEAR**

*Nomination Form*

Nominee must be an active member of the VNSA. **A total of two nomination forms are required**, one filled out by a faculty member and one by a student. Please type them. Self-nomination is acceptable. VNSA/NSNA Board of Directors are ineligible. Nomination forms must submitted to vsnaelections@gmail.com by 11:59pm on January 18th, 2019. *In the event you or your nominee is chosen, your essay will be read aloud at the awards meeting at the annual VNSA Convention on February 2, 2019.*

NAME OF NURSING STUDENT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF SCHOOL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ YEAR IN SCHOOL:

RECOMMENDATION BY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FACULTY ( ) STUDENT ( )

EMAIL AND PHONE NUMBER OF STUDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 MAILING ADDRESS OF STUDENT:

1. What qualities does the nominee possess that make her/him qualified to be Nursing Student of the Year?
2. What contributions has the nominee made to the school, community, and field of nursing?
3. In what manner would the nominee contribute to a professional nursing organization?
4. What role is seen for the nominee as a future member of the professional nursing community?
5. Additional comments:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_