

# **WSNA AWARDS BOOKLET**



- LEADER OF LEADERS •
- CHAPTER ACHIEVEMENT AWARD •
- BREAKTHROUGH TO NURSING •
- MOST COMMUNITY HEALTH PROJECTS •
- BEST COMMUNITY HEALTH PROJECT •

# WSNA LEADER OF LEADERS AWARD NOMINATION FORM

**Purpose:** The purpose of this award is to recognize an outstanding Chapter President or Advisor.

**Selection:** The winner of this award will be determined by a committee chaired by the WSNA Elected Consultant.

**Recognition:** The award will be presented to the recipient at the WSNA Annual Convention.

**Deadline:** Nomination forms are due back at the registration table by the end of registration on Saturday of the WSNA Annual Convention

## NOMINEE DATA (PLEASE PROVIDE THE FOLLOWING):

Name of Nominee: \_\_\_\_\_ School: \_\_\_\_\_

Title/Position: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

## Please provide the following information regarding the nominee:

(Please attach on a separate sheet of paper)

### PROFESSIONAL INVOLVEMENT:

List all activities and achievements that he/she has been involved in which would relate to this award. This would include professional organizations, offices, or committees served on, honors/awards received, involvement in student groups and any additional information.

### DESERVING DESCRIPTION:

Explain why this person should be nominated for the WSNA Leader of Leaders Award. The description should include: their motivation and leadership in the role that they perform, how that person exhibits professionalism, and why you feel this person is deserving of the award: what exemplary achievements or accomplishments have they exhibited?

## TO BE COMPLETED BY THE PERSON MAKING THE NOMINATION:

Name: \_\_\_\_\_ School: \_\_\_\_\_

Title/Position: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

# WSNA CHAPTER ACHIEVEMENT AWARD

## CHAPTER APPLICATION FORM

**Purpose:** The purpose of this award is to recognize an outstanding WSNA chapter for their achievements and progress during the current school year.

**Selection:** The winner of this award will be determined by a committee chaired by the WSNA Elected Consultant.

**Recognition:** The award will be presented to the recipient at the WSNA Annual Convention.

**Deadline:** Nomination forms are due back at the registration table by the end of registration on Saturday of the WSNA Annual Convention

<b>School:</b> _____	<b>Program Type:</b> _____
<b>Dean:</b> _____	<b>Advisor:</b> _____
<b>Chapter President:</b> _____	

### Chapter History (20 points):

\*PLEASE ATTACH ON A SEPARATE SHEET\*

Describe one major professional accomplishment your chapter was achieved or was involved in this past year. Include specific dates, number of students involved, detailed explanation of methods, money raised and purpose for the money, success of activity, etc. Feel free to include photos or other publicity if relevant

**The above submission will be judged by the following criteria:**  
(superior=4 pts, excellent=3 pts, average=2 pts, & fair=1 pt)

CATEGORY:	POINTS AWARDED:
Health care benefit to the community	
Promotion of professional nursing practice/image	
Involvement/participation of all members	
Development/growth potential for organization	
Educational benefit to participants	
Total Points from Chapter History:	

**Please complete the following according to the CURRENT SCHOOL YEAR.**

<b>National Involvement (10 points):</b>	
<b>Number of members on NSNA Board or National Committee:</b> (1 pt each/2 pt max) <input style="width: 50px; height: 25px;" type="text"/> Name & NSNA position: _____ Name & NSNA position: _____	<b>Number of students attending NSNA Midyear Convention:</b> (1 pt each/3 pt max) <input style="width: 50px; height: 25px;" type="text"/> Name: _____ Name: _____ Name: _____
<b>Number of students attending NSNA Annual Convention:</b> (1 pt each/3 pt max) <input style="width: 50px; height: 25px;" type="text"/> Name: _____ Name: _____ Name: _____	<b>Number of NSNA "Project in Touch" recruiters:</b> (1 pt each/2 pt max) <input style="width: 50px; height: 25px;" type="text"/> Name & PIT #: _____ Name & PIT #: _____
<b>State Involvement (10 points):</b>	
<b>Number of members on WSNA Board:</b> (partial terms=half points) (1 pt each/2 pt max) <input style="width: 50px; height: 25px;" type="text"/> Name & WSNA position: _____ Name & WSNA position: _____	<b>Number of WSNA BOD meetings attended by Chapter President/ Representative:</b> (1 pt per meeting/3 pt max) <input style="width: 50px; height: 25px;" type="text"/> Dates of meetings: _____
<b>Number of members on WSNA Committees:</b> (1 pt/3 pt max) <input style="width: 50px; height: 25px;" type="text"/> *Does not include BOD members Name & Committee: _____ Name & Committee: _____ Name & Committee: _____	<b>Number of STAT articles written:</b> (not including officer reports) (1 pt each/2 pt max) <input style="width: 50px; height: 25px;" type="text"/> Date & Title of Articles: _____ _____
<b>Membership: (10 points) :</b>	
<b>Number of NEW NSNA members:</b> <input style="width: 50px; height: 25px;" type="text"/> 1-5 members=2pts, 6-10 members=4pts 11+ members=5pts	<b>President maintained regular contact with WSNA Regional Director (2 pts)</b> <input style="width: 50px; height: 25px;" type="text"/> <i>*Decided by the WSNA Regional Directors*</i>
<b>WNA/WSNA Midyear Convention: (5 points)</b>	
<b>Number of students attending WSNA Midyear Convention</b> <input style="width: 50px; height: 25px;" type="text"/> (1 pt=2 students, 3 pt max) Names of students: _____ _____	<b>Number of delegates to attend House of Delegates :</b> <input style="width: 50px; height: 25px;" type="text"/> (1-2 delegates=1 pt, 3+ delegates=2 pt) Names of delegates: _____ _____
<b>WSNA Annual Convention: (5 points)</b>	
<b>Number of students attending WSNA Annual Convention</b> <input style="width: 50px; height: 25px;" type="text"/> (1 pt=2 students, 3 pt max) Names: _____ _____	<b>Number of delegates to attend House of Delegates:</b> <input style="width: 50px; height: 25px;" type="text"/> 1-2 delegates=1 pt 3+ delegates=2 pt Names: _____ _____
<b>TOTAL POINTS FROM ALL BOXES:</b>	

-----THIS PART TO BE FILLED OUT BY WSNA PROJECTS DIRECTOR: -----

Total Points from Chapter History..... \_\_\_\_\_  
 Total Points from Chapter Involvement..... \_\_\_\_\_  
 Total Score..... \_\_\_\_\_

# WSNA BEST COMMUNITY HEALTH PROJECT AWARD APPLICATION INSTRUCTIONS

**Purpose:** The purpose of this award is to recognize a school with the best community project aimed at raising awareness related to the community health topic chosen by WSNA. Projects are judged based on creativity, participation of members, and impact of project on the community.

**Selection:** The winner of this award will be determined by a committee chaired by the WSNA Elected Consultant.

**Recognition:** The award will be presented to the recipient school at the WSNA Annual Convention.

**Deadline:** This report form and any attached sheets are due back at the registration table by the end of registration on Saturday of the WSNA Annual Convention.

**School Name:** \_\_\_\_\_

**School Chapter President:** \_\_\_\_\_

**Number of Members:** \_\_\_\_\_

**Faculty Advisor Name:** \_\_\_\_\_

**Title of Project:** \_\_\_\_\_

**Description of project:** \_\_\_\_\_  
\_\_\_\_\_

**Date(s) of Project:** \_\_\_\_\_

**Site(s) of Project:** \_\_\_\_\_

**Number of Students Involved:** \_\_\_\_\_

**Please provide the information listed below regarding your chapter project. Please attach an additional piece of paper to describe the project or use the project description form provided. In addition, attach any publicity or other materials used for the project. (photos, posters, press releases, et.)**

- Goals of this Project
- Describe how this project was planned and implemented.
- Explain educational benefits to participating students.
- Did participants receive class credit for participation? If yes, describe type of credit:.
- Community organizations that assisted with project (if applicable).
- Describe how the project was advertised/publicized/promoted.

# WSNA MOST COMMUNITY HEALTH PROJECTS AWARD APPLICATION INSTRUCTIONS

**Purpose:** The purpose of this award is to recognize a school with the most community projects aimed at educating healthcare consumers about illnesses, prevention, early detection of disease or projects that increase community awareness about health/healthcare in general.

**Selection:** The winner of this award will be determined by a committee chaired by the WSNA Elected Consultant.

**Recognition:** The award will be presented to the recipient school at the WSNA Annual Convention.

**Deadline:** This report form and any attached sheets are due back at the registration table by the end of registration on Saturday of the WSNA Annual Convention.

**School Name:** \_\_\_\_\_

**School Chapter President:** \_\_\_\_\_

**Number of Members:** \_\_\_\_\_

**Faculty Advisor Name:** \_\_\_\_\_

**Number of Projects being submitted:** \_\_\_\_\_

**Please provide the information listed for EACH of your chapter projects. You may write out the information on a separate piece of paper to describe the project or you may use the project description form provided. In addition, attach any publicity or other materials used for the project. (photos, posters, press releases, et.)**

- Title of project and brief description of the project, including goals.
- Date(s) and location of project.
- Number of students involved.
- Describe how this project was planned and implemented.
- Explain educational benefits to participating students.
- Did participants receive class credit for participation? If yes, describe type of credit.
- Community organizations that assisted with project (if applicable).
- Describe how the project was advertised/publicized/promoted.

# WSNA COMMUNITY HEALTH PROJECTS PROJECT DESCRIPTION FORM

**Title of Project:** \_\_\_\_\_

**Date(s) of Project:** \_\_\_\_\_

**Site(s) of Project:** \_\_\_\_\_

**Number of Students Involved:** \_\_\_\_\_

\_\_\_\_\_

**Description of project:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Describe how this project was planned and implemented:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Explain educational benefits to participating students:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Did participants receive class credit for participation? If yes, describe type of credit.**

\_\_\_\_\_

**Community organizations that assisted with project (if applicable).** \_\_\_\_\_

\_\_\_\_\_

**Describe how the project was advertised/publicized/promoted.** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**\*\*PLEASE ATTACH EXAMPLES OF PUBLICITY: PHOTOS, FLYERS, ADS, ETC.\*\***

# WSNA BREAKTHROUGH TO NURSING AWARD APPLICATION

**Purpose:** This award is given to the school that has encouraged recruitment and retention for students in nursing schools, targeted non-traditional and traditional students, used broad based strategies including ethnic diversity, gender and age. Promoted transcultural awareness in nursing schools and in the community or encouraged and promoted mentorship programs.

**Selection:** The winner of this award will be determined by a committee chaired by the WSNA Elected Consultant.

**Recognition:** Award will be presented at the WSNA Annual Convention.

**Deadline:** Due at the registration table by the end of registration on Saturday of the WSNA Annual Convention.

**School Name:** \_\_\_\_\_

**School Chapter President:** \_\_\_\_\_

**Number of Members:** \_\_\_\_\_

**Faculty Advisor Name:** \_\_\_\_\_

**Please describe the project & briefly describe how this project was conducted:**

**If non-nursing students collaborated, describe:**

**Community organizations that assisted with project (if applicable):**

**Budget (cost of the project):**

**What educational benefit did this have to participating nursing students?**

**What was learned from the project that would be beneficial to others doing similar projects?**

**Will this project be continued next year by your association?**

**Did participants receive class credit for participation? If yes, describe type of credit.**

**Describe how the project was advertised/publicized/promoted:**

(Please attach any publicity or other materials used in the project- photos, flyers, etc)