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Upsilon Chapter

NYU Rory Meyers College of Nursing

433 First Avenue

New York, New York 10010

**Friend of Nursing Award**

**Purpose**

The Friend of Nursing Award is conferred by Honor Society of Nursing, Sigma Theta Tau International (STTI) chapters to recognize individuals and organizations that are ineligible for regular membership but have impacted the chapter, the local nursing or health care community, and/or the health of people in a significant way.

**Scholarship, Grants, and Awards Committee**

The Scholarship, Grants, and Awards Committee consists of a chairperson and other members as designated by the Board of Directors. The committee receives and evaluates applications and makes recommendations to the Board of Directors for award approval. Presentation of awards will be made at the Induction Ceremony.

**Award Criteria and Eligibility**

Nominations can be accepted only from chapter members. Examples of individuals and organizations that may be nominated (not an inclusive list):

* A printer that produces the chapter’s newsletter consistently and with a high level of excellence
* A person who produces and/or maintains the chapter’s website.
* A local business that consistently sponsors the chapter or donates time, money, resources, or services for chapter events.
* A member of a nursing school’s support staff who consistently exceeds the expectations required of his or her job.
* Non-nursing instructors who have taken additional steps to help teach nursing students at their university
* Individuals who have made significant contributions to nursing or to advance the nursing profession or the health of people on a local or regional level.

Nominees for the Friend of Nursing Award must:

1. Demonstrate a commitment to the ideals and purposes of Sigma Theta Tau International.
2. Demonstrate superior achievement and leadership in their field of work.
3. Contribute to the long-term significance of the chapter, the nursing profession, and/or the health of people within a local or regional area. Nominators are responsible for submitting a **complete** application packet. Incomplete packets will not be considered.

***All applications must include the following:***

1. A completed Application Form (see attached).
2. One- to two-page letter from nominator specifying how the nominee meets criteria.

All materials are due no later than **5:00 pm** on the application due date**.** Materials must be submitted electronically to the Scholarships, Grants, and Awards Committee at:

**scholarships.upsilon@gmail.com**

Please direct questions to the Scholarships, Grants, and Awards Committee at: **scholarships.upsilon@gmail.com**

Applicants will be notified of award decisions by **March**.Award presentation will be made during at the Upsilon Annual Induction and Awards Ceremony in **April**.



**Upsilon Chapter**

**Friend of Nursing Award Application**

Nominees for the Friend of Nursing Award must:

1. Demonstrate a commitment to the ideals and purposes of Sigma Theta Tau International.
2. Demonstrate superior achievement and leadership in their field of work.
3. Contribute to the long-term significance of the chapter, the nursing profession, and/or the health of people within a local or regional area.

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

(*If organization, please provide full name)*

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional submission requirements:

* One- to two-page letter from nominator specifying how the nominee meets criteria
* Two additional letters of recommendation (from individuals or groups other than the nominator)

Nomination Submitted By:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Full Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Send complete entry forms to the Scholarships, Grants, and Awards Committee at: **scholarships.upsilon@gmail.com**

If you have any questions about the application or criteria, please contact the Scholarships, Grants, and Awards Committee at: **scholarships.upsilon@gmail.com**