

# Helen Krieger Outstanding Healthcare Provider Award

## Application Form

Thank you for your interest in the Helen Krieger Outstanding Healthcare Provider Award. Your completed application must be returned by February 1 to the Foundation for Lincoln Public Schools, LPSDO Box 4, or 5901 O Street, Lincoln, NE 68510. If you have any questions concerning this application, contact Barbara Bartle at 436-1612.

Please complete this application in which you tell the selection committee about yourself. Do not be modest in describing yourself. Feel free to use specific examples of situations that capture your abilities.

**(Please type)**

Your name \_\_\_\_\_

Your address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

School \_\_\_\_\_ Position/Title \_\_\_\_\_

Number of years employed by Lincoln Public Schools \_\_\_\_\_

Three references who are familiar with your work relevant to the criteria for this award. Include a colleague, a student and a parent.

Colleague \_\_\_\_\_ Telephone \_\_\_\_\_

Student \_\_\_\_\_ Telephone \_\_\_\_\_

Parent \_\_\_\_\_ Telephone \_\_\_\_\_

In 500 or less typewritten words, describe what you have done to make a significant contribution to the lives of students and families by providing excellence in healthcare and healthcare education. Give specific examples.

Attach a resume in outline form that includes formal education, experience, professional activities and other activities related to your role as a healthcare provider. Include the professional associations in which you hold current memberships, i.e., NSNA, NNA, etc.

Thank you again for your interest. In order to be considered, your completed application must be returned no later than February 1.

Recipients will be notified prior to April 20.