

# Helen Krieger Outstanding Healthcare Provider Award

*Presented in her memory by The Krieger Family Foundation*

## **Purpose of the Award**

The Helen Krieger Outstanding Healthcare Provider Award was developed to recognize a healthcare provider who has made a significant contribution to the lives of students and families by providing excellence in healthcare and healthcare education.

Mrs. Krieger, a former registered nurse, school nurse, and healthcare provider and educator with the Head Start Program, formed strong and productive relationships with coworkers and children in fulfilling her caring mission of meeting healthcare needs and improving healthcare education. Jim and Penny Krieger created this award, which includes a \$1,000 stipend, to honor Helen Krieger and her dedication to youth in our community.

## **Who is Eligible**

Any certified or licensed LPS nurse is eligible to receive the award. The Helen Krieger Award may be received more than once during tenure with LPS.

## **Criteria for the Helen Krieger Award**

Selection of the recipient for the award will be based on a significant contribution to students' and or family's lives by meeting healthcare needs or positively impacting healthcare education in his or her school, the entire school system, or the community at large.

## **Nominating Process**

Any individual or group may submit nominations, and the nomination deadline is November 16. When a nomination form is received in the Foundation for Lincoln Public Schools, the second part of the process will begin. Nominees will then receive application forms to complete. Return of the application will assure that the nominee is actually interested in being considered and feels qualified for the award.



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## Nomination Form Due November 16

Please answer all questions on this brief nomination form. Mail the form to the **Foundation for Lincoln Public Schools**, 5901 O Street, Lincoln, NE 68510, on or before November 16. Thank you for your interest in and support of the role health plays in educational achievement.

**Name of Nominee**

**School in Which Nominee is Working**

**Nominee's Job Title**

Your Name

Your Job Title

Your Address

City

State

Zip

Telephone

School

Your Relationship to the Nominee

On no more than one separate page, briefly describe how this person has made a significant contribution to the lives of students and families by meeting healthcare needs or positively impacting healthcare education in his or her school, the entire school system, or the community at large. Please be as specific as possible concerning the outstanding contribution of your nominee. Nomination information will be reviewed by the selection committee along with the nominee's application.



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