



Delaware State Council

Submit no later than Sept. 30, 2019

Delaware State Award Candidate Number _____
(Awards Chair use only)

Delaware Emergency Nurses Association

State Awards Nomination/Continuing Education Scholarship Application

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

Email _____ Position _____

Nursing License Number _____ State of Licensure _____

Hospital Employed _____ Years in Emergency Nursing _____

ENA Member _____ Y/N ENA Member Number _____ State Council Affiliation _____

Nominated by _____
(First) (Last) (Credentials)

Contact Information: Phone _____ Email _____

Award Category (check one):

_____ Nurse Excellence Award

_____ Nurse Practice Award

_____ DENA Rising Star Award

_____ DENA Continuing Education Scholarship (choose one)

_____ BSN Scholarship

_____ MSN or Higher Level Scholarship

Activities:

Committees/Councils:



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Awards/Recognition:

Narrative Statements (*500 words or less*):

- ❖ To ensure an unbiased review, please do not include nominee's name, place of employment or other information that may identify the nominee within the narrative statement
- ❖ Narrative statements should include specific examples as to how the nominee meets the selected award category criteria.
- ❖ Completed applications should be emailed to: Kara Streets at kstreetsedrn@verizon.net
Letters of support (*if required*) should be attached and sent together with the completed application.
- ❖ Contact information of both the Nominator and Nominee ***are required***. Scholarship applicants do not require Nominator information.
- ❖ You will receive an email confirmation of receipt of application within 72 hours of submission.