



# NALPN LILLIAN KUSTER AWARD

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## QUALIFICATIONS / APPLICATION

The recipient of the Lillian Kuster Award will meet the following qualifications and submit a completed application with all required attachments before or by midnight of the printed due date.

### QUALIFICATIONS

1. Applicant will be a member in good standing with the NALPN and have attended 3 or more national conventions. *Does not need to be consecutive.*
2. Applicant should be currently employed as a LPN/LVN or retired no more than 3 years. If a member has been retired for more than 3 years, he/she must be able to prove continued service to the community, in the health field, and to this organization. This may be at the local, state, or national level.
3. The applicant for the Lillian Kuster Award must be recommended by their constituent state organization. *The application must be co-signed by the NALPN member or State President.*
4. Members of non-constituent states will submit applications directly to the national office for membership verification and conventions attended. A letter of recommendation form will be sent to you.
5. A biography and nursing history must accompany all applications. All letters of recommendations submitted with the application will be accepted.

### APPLICATION FORM

*DEADLINE: AUGUST 31st*

*Application and required attachments must be received by Aug. 31st of each year to ensure review time before the convention.*

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-Mail: \_\_\_\_\_ NFLPN Membership #: \_\_\_\_\_  
Years in Organization: \_\_\_\_\_ National Conventions attended: \_\_\_\_\_  
Date of retirement if retired: \_\_\_\_\_ Dates: (only 3 dates required) \_\_\_\_\_  
Field of Nursing: \_\_\_\_\_

- Other community activities or organizations you are a member of or have served in a nursing capacity. (please attach separately)
- Please attach your biography & nursing history to this application. Please limit your bio & history to 3 typed pages. A minimum of 3 additional letters of recommendation shall be accepted.

Applicant's Signature: \_\_\_\_\_  
Recommended by: (state organization) \_\_\_\_\_  
State President: \_\_\_\_\_

**Mail to: NALPN, 3801 Lake Boone Trail, Suite 190, Raleigh, NC 27607**  
**Fax: 919-779-5642 or scan and Email: nalpn@caphill.com**