

Nancy O. DeBasio Award Nomination

Name:			
	First	Middle Initial	Last
SS#	Confirm last 4 digits of your social security number:		

Home Address:			
	Number and Street		
	City	State	Zip

Telephone:	Home:	Work:	Cell:
Email Address:			

Place of Employment:			
	Employer		
	Position/Title/Number of Years as a Faculty		
	Number and Street Address		
	City	State	Zip
Faculty Status (check one): ☐ Full Time ☐ Part Time			

Please provide the following:

1. A 3-5 page recommendation from the nominator (faculty, staff, or governing board member) describing how the nominee exemplifies self-awareness, ingenuity, love, and heroism, as an educator through teaching, scholarship and service.
2. A minimum of two letters supporting the recommendation from members of the faculty, staff, or governing board.
3. All of these materials must be submitted to your nursing program administrator. Nursing program administrators will submit nomination materials to The Research Foundation.

Send completed application form and required information to the nursing program administrator or nursing dean by December 1. The nursing program administrator or nursing dean must submit information with their recommendation by January 1. Submit all applications materials to:

The Research Foundation
2316 E. Meyer Blvd.
Kansas City, MO 64132
(816) 276-4218 (816) 276-4928 (fax)
info@theresearchfoundationkc.org
www.theresearchfoundationkc.org

I certify that the information on this application is true to the best of my knowledge.

Signature: _____

Date: _____