**Nomination and Biographical Information Form**

Please Note:

1. This form will be displayed outside the convention polls in the exact condition in which you submit it
2. Please return this form to the Nominations Director (Halli Schneiderwendt)
3. Pictures of each candidate will be taken by the Nominations Director and attached to this form.

Name: Nomination

**State your specific goals for the office you are seeking, and how would you attempt to achieve them if elected.**

|  |
| --- |
|  |

**Organization Experience: List any offices, positions, committees or projects you have held/been involved with. Include date of term, type of activity, and your accomplishments.**

|  |  |  |
| --- | --- | --- |
|  | **Date and type of activity** | **Accomplishments** |
| **WSNA** |  |  |
| **Local SNA Chapter** |  |  |
| **School Organization Experience** |  |  |
| **Service Activities** |  |  |

**List any other education background qualifications, conferences attended, and extracurricular activities which enhance your qualifications for the desired office:**

|  |
| --- |
|  |

Name as it is to appear on the ballot:

School of Nursing:

Date of program completion:

School residence address:

Home address:

Phone number: Email:

**Other positions for which you are willing to be considered:**

|  |
| --- |
|  |

If not elected, would you like to be contacted to become a member of the Executive Cabinet?  Yes  No

If elected, I agree to serve the Wisconsin Student Nurses’ Association to the best of my abilities and am aware of the time and effort demanded by the responsibilities outline for the office to which I am nominated.

To the best of my knowledge, all statements on this form are true. I realize that any falsity, incompleteness, or failure to follow directions, on this form may result in my disqualification as a candidate and/or WSNA officer.

Signature of Nominee: Date:

NSNA Number: Expiration Date:

Chapter President:

WSNA Nomination Director: