

INDIANA STATE ASSEMBLY
ASSOCIATION of SURGICAL TECHNOLOGISTS
PO Box 421673
Indianapolis, Indiana 46242-1673
indianaast@gmail.com

Shining Star Award

The Indiana State Assembly of Surgical Technologists would like to recognize the surgical technology students that go above and beyond expectations.

The students that will be considered for this award must meet the following criteria:

- No attendance concerns
- Participates in school activities
- Maintains a minimum B average
- Clinical evaluations are above average
- Excels in quality patient care

The ISA will be presenting this award to one student from each of the fourteen accredited Surgical Technology programs in Indiana. The students will be recognized and presented with this award at the Indiana State Assembly Spring Conference.

Recipients of the Shining Star Award will receive their first year of membership to AST free. If the student has already paid their annual dues, ISA will reimburse the amount paid (must provide proof of payment).

Each instructor will nominate one student from their respective program. The ISA-AST board will review all entries and one recipient from each program will be acknowledged and awarded.

Submissions must be received no later than February 15th, 2025, to:

Subject: Indiana State Assembly Shining Star Award

indianaast@gmail.com

There will be instructions for the students regarding time and location to report the day the awards are presented.

Best Regards,

Mimi Eckstein, CST, CSFA, FAST

ISA President

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Indiana State Assembly Shining Star Award Entry Form

(Please print student's information)

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____

AST Member _____ Yes (Member Number _____) _____ No

Total Absences: _____ Grade Point Average: _____ Graduation date: _____

Please list student's committee, extracurricular, and/or community involvement:

Does the student have a favorite surgical specialty? If so, please share: _____

Where does the student plan to work after graduation (please include city and state)? _____

Has the student received any scholarships? If so, please share: _____

Why do you feel this student should receive this award? _____

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College/ Program/ Instructor Information

(Please print)

Name of Institution _____

Address _____

City _____ State _____ Zip _____

Instructor Nominating Student _____

Instructor Telephone _____ Email _____

Program Director _____

Director Telephone _____ Email _____

Will the nominating instructor be present at conference? _____ Yes _____ No

Did a student in your program receive a Shining Star Award last year? _____ Yes _____ No