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**NADONALTC**  
NATIONAL ASSOCIATION DIRECTORS OF NURSING ADMINISTRATION/LONG TERM CARE

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### ***SCHOLARSHIP CRITERIA***

**This scholarship has been established in memory of Stephanie Carroll, long-time valued NADONA employee. It will be awarded to a nursing student enrolled in a nursing program accredited by the National League for Nursing (NLN) or the Commission on Collegiate Nursing Education (CCNE), who has chosen Long Term Care or Geriatrics as their practice area after graduation. Nursing students in an undergraduate or graduate program are also eligible to apply for this scholarship. The following guidelines have been developed for this scholarship.**

1. Proof of acceptance to a nursing program and accreditation must accompany the application.
2. Applicant must make a commitment to practice in long term care or geriatrics for at least two years after graduation.
3. Applicant should include an organized list of school related expenses with a final total.
4. Applicant must submit with their application, a double-spaced typed/word processed essay of **NO LESS THAN 100 WORDS**. This essay must include the following in form-action (Use 8.5 x 11 white paper):
  - Describe why you have chosen nursing as a career.
  - Discuss why you are seeking this degree and how it will impact your nursing practice.
  - Describe your commitment to the nursing profession, including your goals for your nursing career after graduation.
5. Please submit a photo no bigger than 4" x 6"(digital preferred)
6. Applicant cannot be awarded more than one NADONA scholarship in any one year.
7. Scholarship monies in any amount are not required to be awarded if only one applicant applies.

*This scholarship is sponsored by a grant from PharMerica, Inc. provided to the National Association of Directors of Nursing Administration in Long Term Care. Individuals must agree to publication of their names, vital information, and photograph in the DIRECTOR and other industry publications.*

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## STEPHANIE CARROLL SCHOLARSHIP APPLICATION

### TELL US ABOUT YOU

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

### TELL US ABOUT YOUR CAREER

Current Position \_\_\_\_\_ Years in current position \_\_\_\_\_

Length of time in Long Term Care \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

### TELL US ABOUT YOUR SCHOOL

Name of College/University \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Length of time enrolled in educational program \_\_\_\_\_

Is the school NLN National League of Nursing? Yes  No

Length of time until completion \_\_\_\_\_

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### TELL US ABOUT YOUR EXPENDITURES

Cost	\$
Books, Supplies	\$
Transporation	\$
Tuition	\$
<b>Total</b>	\$

### Narrative describing the reason for scholarship

With **NO LESS THAN 100 WORDS** describe why you are seeking this degree and how it will enhance your nursing practice. If more space is required for narrative, attach 8.5 x 11 white paper to the application.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

By signing this application, I indicate that I plan to be employed in long term care nursing at least 2 years after graduation.

Please submit **2** copies of any mailed application packet; 1 copy if submitted by e-mail. Please include a small head shot for publication or attach a jpg for e-mail.

**Application must be submitted no later than June 15th of any given year**

Submit to: NADONA/LTC, Reed Hartman Tower  
11353 Reed Hartman Highway, Suite 210  
Cincinnati, OH 45241

Submit electronically to: [info@nadona.org](mailto:info@nadona.org)

APPLICATION MUST BE COMPLETED IN FULL FOR **ANY** CONSIDERATION

**ALL SCHOLARSHIP AWARDS WILL BE MADE PAYABLE DIRECT TO THE EDUCATIONAL INSTITUTION**

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