



## ***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 an accredited nursing program 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 for the 2017-18 academic year 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 head shot in **jpeg** format electronically as an attachment. Do not submit a copied photo on paper.
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.*

For Office  
Use Only



**NADONA**

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**STEPHANIE CARROLL SCHOLARSHIP APPLICATION  
2017-18 Academic Year**

**TELL US ABOUT YOU**

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

Address \_\_\_\_\_

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

Telephone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ Student ID# \_\_\_\_\_

**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 (PLEASE PROVIDE FINANCIAL AIDE OFFICE ADDRESS AND CONTACT)**

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

Address \_\_\_\_\_

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

Telephone \_\_\_\_\_ Email \_\_\_\_\_

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

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

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## TELL US ABOUT YOUR EXPENDITURES

Cost of Living	\$
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 camera-ready head shot for publication or attach a jpg for e-mail. **Do not include a copied photo on paper.**

**Application must be received no later than June 30, 2017, 5:00 PM EST**

Submit to: NADONA  
1329 E. Kemper Road, Suite 4100A  
Springdale, OH 45246

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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