



NADONA's 30th National Conference

Disney's Coronado Springs Resort Lake Buena Vista, FL July 14-19, 2017

Stephanie Carroll Scholarship Application 2017-2018 Academic Year

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.

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.

4. Applicant must submit with their application a double-spaced essay of NO LESS THAN 100 WORDS. This essay must include the following:
 - 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 .jpg format electronically as an attachment.
6. Applicant cannot be awarded more than one NADONA scholarship in any one year.
7. Scholarship monies are not required to be awarded if only one applicant applies.

This scholarship is sponsored by a grant from



Tell us about yourself (Please print clearly—Use one form for each nominee)

Name Social Security #

Address City State ZIP

Telephone Cell 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 Length of time until completion

Tell us about your expenditures

| Cost of Living \$ | Books, Supplies \$ | Transportation \$ | Tuition \$ | TOTAL \$ |
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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. 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 head shot for publication or attach a .jpg for e-mail.

Application must be received by June 10, 2017

Submit to: NADONA, 1329 East Kemper Rd, Suite 4100A, Springdale, Ohio 45246

Submit electronically to: 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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