



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 2021-22 academic year and accreditation must accompany the application.

Applicant must make a commitment to practice in long term care and/or post-acute care for at least two years after graduation.

2. Applicant should include an organized list of school related expenses with a final total.
3. 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.
4. Please submit a head shot in **jpeg** format electronically as an attachment. Do not submit a copied photo on paper.
5. 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. Individuals must agree to publication of their names, vital information, and photograph in the DIRECTOR and other industry publications.

For Office
Use Only



STEPHANIE CARROLL SCHOLARSHIP APPLICATION
2021-22 Academic Year

TELL US ABOUT YOU

Name _____ Social Security # _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Cell _____

Email _____

TELL US ABOUT YOUR CAREER

Current Position _____ Years in current position _____

Length of time worked in Long Term/ Post-acute Care: _____

Employer Name and Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Your Email _____

TELL US ABOUT YOUR SCHOOL (check will be mailed to the contact person listed below)

Name of College/University _____

Address _____

City _____ State _____ Zip _____

Contact person's name: _____ Telephone _____

Length of time enrolled in current educational program _____

Date of anticipated Graduation: _____

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TELL US ABOUT YOUR EXPENDITURES

Cost of Living	\$
Books, Supplies	\$
Transporation	\$
Tuition	\$
Total	\$

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/post-acute 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 or attach (if submitting by email) a headshot photo in jpg format. **Do not include a copied photo on paper.**

Application must be received no later than May 1, 2021

Submit to: NADONA
1329 East Kemper Road, 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 DIRECTLY TO THE EDUCATIONAL INSTITUTION TO THE CONTACT NAME LISTED.

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