AMANDA KISTLER CERTIFIED DIRECTOR OF NURSING ADMINISTRATION (CDONA) SCHOLARSHIP PROGRAM

In order to promote the educational pursuits of our members in LTC nursing, and support the facilities where they work, the Board of Directors and the Scholarship Committee are pleased to announce the awarding of up to ten (10) scholarships each year to qualified individuals who would like to further their education by becoming certified as a CDONA to positively impact your practice in Long Term Care Nursing.

This scholarship opportunity is available to NADONA licensed nurses, who want to become certified in order to advance their nursing practice. The certified nurse will use their knowledge to positively impact resident life.

 Criteria for reimbursement scholarship application includes:

* You must be a current member of NADONA. NADONA will verify the status of your membership upon receipt. Accurate contact info is the applicant’s responsibility.
* You must submit a complete application including Essay.
* Letter from the Facility Administrator/VP of Nursing, CNO or equivalent (letter head required) acknowledging that the nursing facility/corporation will not reimburse the applicant for cost of the certification exam.
* Scholarship awards will cover the cost of the certification exam. Award will not cover other associated costs, e.g., text books, review materials, tutoring sessions..
* NADONA licensed nurse members may self-nominate (RN, LPN).
* Commitment to work in a Long Term Care Facility for at least (1) one year after certification.
* All forms and additional documentation must be completely filled out and submitted via the fillable form on our site. Applications will be accepted year round. Submitted complete applications will be reviewed each quarter and awarded to qualified submitted candidates. If any of the required documents are missing or incomplete, your application will be disqualified. You will not be considered for the scholarship award.

**Scholarship winners will be recognized at the NADONA Annual Conference Awards Banquet if in attendance and in our monthly newsletter.**

AMANDA KISTLER CERTIFIED DIRECTOR OF NURSING ADMINISTRATION SCHOLARSHIP PROGRAM

APPLICATION FORM

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First Middle Initial

# Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street City State Zip

# Phone: (include area code) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Personal Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facility/Corporation of Employment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street City State Zip

Phone Number: (include area Code)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of Employment:\_\_\_\_\_\_\_\_\_\_From:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_To:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 mo/day/yr mo/day/yr

# Title of Applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indicate (circle): LPN RN \_ BSN MSN Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of other certifications: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Active member in your NADONA/LTC state chapter? Yes\_\_\_ No\_\_\_\_\_\_\_

# of yrs. in LTC\_\_\_\_\_\_\_\_\_

If you are awarded the NADONA/LTC Amanda Kistler Scholarship, do you pledge to practice your skills in a Long Term Care Facility for at least (1) one year after receiving the scholarship award? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

***UPLOAD YOUR ESSAY IN WORD DOCUMENT***

Discuss the following:

* Why you decided to obtain this certification.
* How you hope to incorporate this advanced knowledge into your practice?
* Describe your 5 year goals and your plan to achieve them.
* Why should you be granted a CDONA scholarship award?

#### (ELECTRONIC SIGNATURE)

Instructions and upload buttons needed for these docs:

Before You Submit, Make Sure You Included:

Letter from Nurse Administrator
A Completed Application Process

Essay

Your Signature
Any Additional Documentation You Would Like to Include

\*[Upload Nurse Administrator Letter]
\*[Upload Additional Documentation]