

FADONA/LTC & Imogene Ward Scholarship Programs Information & Application Form

1) FADONA/LTC Scholarship Application Requirements

The FADONA/LTC Scholarship was created to help nursing students pay for their degree in nursing. This is a way for FADONA to give back to the community of nurses who will be at the forefront of LTC care in the 21st century.

1) Currently a licensed RN, LPN, or certified nursing assistant (CNA), **2)** CNA must be currently accepted or enrolled in a RN or LPN program, **3)** LPN must be currently accepted or enrolled in a RN program or undergraduate health care management program, **4)** RN must be currently accepted or enrolled in a baccalaureate or master's program in nursing, gerontology program, undergraduate or graduate program in health care management, or nurse practitioner program, **5)** A minimum of two years employment history in long-term care (LTC), **6)** List names of employers and dates of employment history in LTC, **7)** Member of FADONA/LTC or sponsored by a member of FADONA/LTC, **8)** All application requirements met, and **9)** There will be a minimum of \$500 awarded with each scholarship and they are paid directly to the college, university or accredited LPN school.

2) Imogene Ward Scholarship Application Requirements

Named in honor of Imogene Ward, by her husband, Homer Ward, and sons, Mike and Jeff Ward, the scholarship is offered to those pursuing an education to become registered nurses – in honor of Mrs. Ward, who was an RN. The nominee must already be enrolled in an accredited Florida nursing program and be actively employed by the same facility, or employer, as the nominator.

1) The scholarship is limited to those pursuing an education to become registered nurses. **2)** A nomination may be made by either a direct or indirect supervisor, and does not need to be their current supervisor. The applicant or nominating person (nominator) does not need to be a FADONA member. If not a member, a FADONA member must endorse the nomination by submitting a letter of recommendation to FADONA. **3)** The nominee must be enrolled in an accredited Florida nursing program. **4)** The nominee must be actively employed by the same facility or employer as the nominator. **5)** The nominee must be willing to pledge a minimum of two (2) years, working full-time in long-term care, in the state of Florida. **6)** The nominee must demonstrate a determination to overcome personal and/or professional obstacles to pursue his or her nursing education to become an RN. **7)** The nominee must have a track record of excellence and the potential for future leadership in long-term care. **8)** A FADONA/LTC scholarship award winner is not eligible to participate in the Ward Scholarship during the same calendar year. **9)** The nominee may be interviewed over the telephone by the Scholarship Committee, or its designee(s).

REVIEW PROCESS: Each application is reviewed by the committee chairperson(s) and finalists will be forwarded to the committee for final selection. The names of the selected individuals shall be presented to the FADONA/LTC Board and those who have provided the scholarships. Individuals who receive scholarships must agree to publication of their names and vital information, as well as photographs, if possible, in FADONA Focus® and other industry publications.

Note: By completing the following application, I indicate that I am a member of FADONA/LTC or am being sponsored by a member of FADONA/LTC, am employed in LTC, and plan on remaining employed in LTC for at least two years. Application should be submitted to the FADONA/LTC business office who will forward it on to the scholarship chairperson. Application must be completed in full for any consideration.

Florida Association Directors of Nursing Administration/LTC
400 Executive Center Drive, Suite 208 • West Palm Beach, FL 33401
(561) 683-0037 o Fax: (561) 689-6324 o www.fadona.org

FADONA/LTC & Imogene Ward Scholarship Programs Dual Application Form

Please select one of the following:

- FADONA/LTC Scholarship
 Imogene Ward Scholarship

1. Applicant's Name: _____ 2. Credentials: _____ 3. Title/Position: _____

4. Address: _____

5. Phone: _____ 6. Fax: _____ 7. Email: _____

8. Applicant's Facility Name: _____

9. Facility Address: _____

10. Name of Administrator: _____ 11. Name of Director of Nursing: _____

12. Phone: _____ 13. Fax: _____

14. Length of time in current position: _____ 15. Length of time employed in LTC: _____

16. Applicant is a FADONA/LTC Member? Yes, or No

17. If no, sponsored by member: _____ 18. Credentials: _____ 19. Title: _____

20. Facility Name: _____ 21. Phone: _____ 22. Fax: _____

23. Facility Address: _____

24. Type of educational degree seeking program in which applicant is currently enrolled/accepted: _____

25. Name of accredited school, college, or university: _____

26. Name of financial aid advisor and address of school, college, or university: _____

27. Phone: _____ 28. Fax: _____ 29. Email: _____

30. Length of time enrolled in education program: _____

31. Length of time until completion: _____

32. **Narrative:** Please include a **minimum 100-word narrative (this applies to both the FADONA/LTC & Ward Scholarships)** describing the reasons you request a scholarship. You should include your goals and interest in pursuing a career in Long-Term Care.

Applicant's Signature: _____ Date: _____

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