

FADONA's Patches Bryan Scholarship

2019-2020 Application Guidelines and Requirements (May 2019)

FADONA's scholarship program was created to help nursing students pay for their degree and for nurses to pursue advanced training and education. This is a way for FADONA to give back to the community of nurses who will be at the forefront of long-term care (LTC) in the 21st century.

The Patches Bryan Scholarship was named in honor of a nurse leader who cherished knowledge, education, and advanced training. With generous financial support from Greystone Health Network and others, two (2) \$1,000 scholarships are offered twice a year. To be eligible, applicants must be enrolled in an accredited Florida nursing program or registered for a nationally accredited LTC-based certification program, and be actively employed by the same facility, or employer, as the nominator.

We are seeking deserving applicants who share Patches Bryan's passion for learning, championing of quality and clinical advancement, and raising the bar of nursing excellence and resident care in the LTC setting. An applicant may be nominated by either a direct or indirect supervisor, and it does not need to be their current supervisor. Unlike 1d, neither the applicant nor the nominator for 1a, 1b, or 1c, is required to be a FADONA member. However, a FADONA member must endorse the nomination by submitting a letter of recommendation to FADONA's Scholarship Review Committee.

- 1) Applicant must be a licensed RN, LPN, or CNA, and a Florida resident.
 - a) CNA must be currently enrolled in an accredited Florida RN or LPN program,
 - b) LPN must be currently enrolled in an accredited Florida RN program or undergraduate nursing program, be actively employed by the same facility, or employer, as the nominator.
 - c) RN must be currently accepted or enrolled in a baccalaureate or master's program in nursing, or seeking LTC-relevant advanced training or nationally recognized certification.
 - d) Director of Nursing or Assistant Director of Nursing must be a current member of NADONA/ FADONA and have been in his or her role for a minimum of two (2) years at the same SNF facility and seeking a LTC-relevant and nationally-recognized certification credential.
- 2) A minimum of two (2) years employment history in long-term care (LTC),
- 3) List names of employers and dates of employment history in LTC, and
- 4) All application requirements met.

There will be a minimum of \$1,000 awarded to selected applicants – paid directly to the college, university, accredited LPN school, or nationally-recognized credentialing organization.

REVIEW PROCESS: Each application is reviewed by the Scholarship Committee and eligible applications are presented to the FADONA/LTC Board for approval. Individuals who receive scholarships must agree to have their name, vital information, and photograph published in **FADONA Focus**® and other industry publications.

Note: By completing the following application, I indicate that I am a member of FADONA or am being nominated by a member of FADONA, am employed in LTC, and plan on remaining employed in LTC for at least two years after graduation.

Submit all applications to the FADONA business office. Applications must be completed in full to be considered.

Donations: Help us build a strong foundation of care and support for long-term care nurses. Visit www.fadona.org and make your contribution today.



Florida Association Directors of Nursing Administration/LTC
400 Executive Center Drive, Suite 208 • West Palm Beach, FL 33401
(561) 689-6321 • Fax: (561) 689-6324 • www.fadona.org

FADONA's Patches Bryan Scholarship Application Form

(Revised November 2018)
Deadlines – Jan. 31, 2020, and July 31, 2020

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

4. Applicant's Facility Name: _____

5. Facility Address: _____

6. Name of Administrator: _____ 7. Name of Director of Nursing: _____

8. Phone: _____ 9. Fax: _____ 10. Applicant's Email: _____

11. Length of time in current position: _____ 12. Length of time employed in LTC: _____

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

14 a). If no, nominated by member: _____ b). Credentials: _____ c). Title: _____

d). Facility Name: _____ e). Phone: _____ f). Fax: _____

g). Facility Address: _____

15 a. Type of educational program in which applicant is currently enrolled: _____

b). Name of accredited school, college, or university: _____

c). Name of financial aid advisor and address of institution: _____

d). Phone: _____ e). Fax: _____ f). Email: _____

g). Month/Year enrolled in education program: _____ h). Expected date of Graduation: _____

16. **Narrative:** Please submit a **minimum 500-word narrative** describing the reasons you are requesting a scholarship. You should include your goals and interest in pursuing a nursing career in long-term care and forward it to icordes@fadona.org.

Applicant's Signature: _____ Date: _____



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