



**Stephanie Carroll**  
Scholarship Application

***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 a nursing program accredited by the National league for Nursing (NLN) or the Commission on Collegiate Nursing Education (CCNE), 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 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.
4. 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 information (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.
5. Please submit a photo no bigger than 4" x 6"(digital preferred)
6. 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 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.*

For Office Use  
Only



**NADONALTC**  
NATIONAL ASSOCIATION DIRECTORS OF NURSING ADMINISTRATION/LONG TERM CARE

## Stephanie Carroll Scholarship Application

### Applicants Information

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_

### Employer's Information

Current Position \_\_\_\_\_ Years in current position \_\_\_\_\_  
Length of time in Long Term Care \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_

### School Information

Name of College/University \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Length of time enrolled in educational program \_\_\_\_\_  
Is the school NLN National League of Nursing? Yes  No   
Length of time until completion \_\_\_\_\_

COST	\$
Books, Supplies	\$
Transporation	\$
Tuition	\$
TOTAL	TOTAL \$

Narrative describing the reason for scholarship

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.

Your narrative in NO LESS THAN 100 WORDS must 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 application. Please submit 2 copies of any mailed application packet; 1 copy if submitted by e-mail.

**Application must be submitted no later than June 1 of any given year.**

NADONA/LTC, Reed Hartman Tower, 11353 Reed Hartman Highway, Suite 210, Cincinnati, OH 45241  
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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