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.
Stephanie Carroll
Scholarship Application

Applicants Information
Name ____________________________ Social Security # ____________________________
Address ____________________________
City ____________________________ State ______ Zip ______
Telephone ____________________________
Email ____________________________

Employer's Information
Current Position ____________________________ Years in current position ____________________________
Length of time in Long Term Care ____________________________
Address ____________________________
City ____________________________ State ______ Zip ______
Telephone ____________________________
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 | $ |
| Transportation | $ |
| 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.

NADONALTC, Reed Hartman Tower, 11333 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

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.