

**PENNSYLVANIA ASSOCIATION DIRECTORS OF NURSING ADMINISTRATION / LONG TERM CARE SCHOLARSHIP
ELIGIBILITY CRITERIA & APPLICATION FORM**

Applicants must:

- be a Primary Member of the Pennsylvania Association Directors of Nursing Administration (PADONA) for two consecutive years.

OR

- be recommended by a Primary Member of the Pennsylvania Association Directors of Nursing Administration (PADONA) who has been a member for two consecutive years.

AND

- have a Pennsylvania permanent address and be enrolled on a part time or full time basis in one of following programs:
 - An NLN accredited LPN program.
 - An NLN accredited diploma or associate RN program.
 - An NLN accredited BSN program.
 - An NLN accredited program leading to a masters degree in nursing or nursing management.
 - An NLN accredited program leading to a doctoral degree in nursing or nursing management.
 - Other

ALTERNATELY YOU MAY APPLY FOR ONE OF THE FOLLOWING PADONA CONTINUING EDUCATION PROGRAMS:

- Convention* LTC Leadership Development Program

If you are applying for a PADONA educational program scholarship, not a scholarship towards a nursing degree, you simply need to complete this form, be a PADONA member, and write a paragraph or two explaining why you feel you should receive the scholarship.

*If you are awarded a Convention Scholarship Certificate as a result of this application, it will be presented at the PADONA 2019 Annual Convention and will be applied to the 2020 Annual Convention.

Please type or print the following information:

Name: _____ **S.S.N.:** _____ **Date of Birth:** _____

Permanent Address: _____

_____ **Telephone Number:** _____

E-mail Address: _____

Employer Name & Address: _____

_____ **Telephone Number:** _____

School/Program Attending: _____

Dean/Director: _____

Address: _____

_____ **Telephone Number:** _____

Expected Date of Graduation: _____ **Degree:** _____

Financial Aid Received? (Yes – No) **If Yes, Annual Amount:** _____

Name of Primary Member: _____

Address of Primary Member: _____

PADONA Membership Expiration Date: _____ **PA RN License No.:** _____

In order to be eligible for a scholarship award in the year 2019, mail this completed application form, a 500 word or less typed essay stating why the applicant is entering a school of nursing or furthering their education, and their interest in the geriatric population. Include two letters of endorsement: one from a faculty member and/or school Dean/Director (the letter must indicate the applicant's expected date of graduation and verify that the applicant is in good academic standing), and a second endorsement from a Primary member of PADONA. Individuals are limited to two scholarship awards (but not in two consecutive years). PADONA officers and board members are not eligible for scholarships.

All applications must be submitted by December 31, 2018 to:

PADONA Scholarship Committee
3631A Adelaide Drive
Mount Laurel, NJ 08054
cjones@padona.com FAX: 856-780-5149