

Eligibility Criteria

Monetary Award

Applicant 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 master's degree in nursing or nursing management.
 - An NLN accredited program leading to a doctoral degree in nursing or nursing management.
 - Other

Continuing Education Program

Applicant Must:

- ✎ be a Primary Member of the Pennsylvania Association Directors of Nursing Administration (PADONA) at the time of applicant's submission. The two-year membership requirement does not apply for continuing education program awards.

Required Submissions for Applicants

Monetary Award	Continuing Education Program
Scholarship Application Form (all sections)	Scholarship Application Form (Sections A / C only)
A short essay explaining why the applicant chose the nursing profession, reason for furthering education, and/or interest in caring for Commonwealth seniors.	Short summary explaining why the applicant should receive an award.
A letter from the school faculty and/or Dean/Director of nursing program indicating the applicant's program enrollment, expected date of graduation, and validation that applicant is in good academic standing.	

Application Form:

Please indicate which scholarship award for which the applicant is applying:

_____ **Monetary Award** _____ **2026 Annual Conference**
_____ **2025 Leadership Development Program**

Please Provide the Following Information:

Section A

Name of Applicant	
Date of Birth	
Permanent Address	
E-Mail Address	
Telephone Number	
Place of Employment	

Section B

Nursing School	
Nursing Program	
Date Applicant Began Program	
Expected Date of Graduation	
Expected Degree	
Dean / Advisor Name	
E-Mail Address	
Telephone Number	

Section C

Name of Primary Member Presenting the Scholarship Applicant for Award Consideration	
Primary Member Facility / Place of Business	
Email Address	
Telephone Number	
Relationship of Applicant to Primary Member	