

**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:**

- 2021 Convention\*                       2020 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 2020 Annual Convention but will be applied to the 2021 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 2020, 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, 2019 to:

**PADONA Scholarship Committee  
6103 Liberty Drive  
Groveland, FL 34736**

[cjones@padona.com](mailto:cjones@padona.com)                      FAX: 856-780-5149