

FADONA/LTC

Scholarship Application

APPLICATION REQUIREMENTS: **1)** Currently a licensed **RN, LPN**, or certified nursing assistant (**CNA**), **2)** CNA must be currently accepted or enrolled in a RN or LPN program, **3)** LPN must be currently accepted or enrolled in a RN program or undergraduate health care management program, **4)** RN must be currently accepted or enrolled in a baccalaureate or master's program in nursing, gerontology program, undergraduate or graduate program in health care management, or nurse practitioner program, **5)** A minimum of two years employment history in long-term care (LTC), **6)** List names of employers and dates of employment history in LTC, **7)** Member of FADONA/LTC or sponsored by a member of FADONA/LTC, **8)** All application requirements met, and **9)** There will be a minimum of \$500 awarded with each scholarship and they are paid directly to the college, university or accredited LPN school.

REVIEW PROCESS: Each application is reviewed by the committee chairperson(s) and finalists will be forwarded to the committee for final selection. This process shall be completed quarterly, and the names of the selected individuals shall be presented to the FADONA/LTC Board and those who have provided the grants. Individuals who receive scholarships must agree to publication of their names and vital information, as well as photographs, if possible, in *FADONA Focus®* and other industry publications.

1. **Applicant's Name:** _____
2. **Title:** _____
3. **E-mail:** _____
4. **Address:** _____
5. **Phone:** _____
6. **Fax:** _____
7. **Applicant's Employer:** _____
8. **Phone:** _____
9. **Employer's Address:** _____
10. **Length of time in current position:** _____
11. **Length of time employed in LTC:** _____
12. **FADONA/LTC member:** _____
13. **Or, sponsored by member :** _____
14. **Sponsor's Name:** _____
15. **Title:** _____
16. **Facility Name:** _____
17. **Phone:** _____
18. **Facility Address:** _____
19. **Type of educational degree seeking program in which applicant is currently enrolled/accepted:** _____

20. **Name of school, college or university:** _____
21. **Name of financial aid advisor and address of school, college or university:** _____

22. **Phone:** _____
23. **Length of time enrolled in education program:** _____
24. **Length of time until completion:** _____
25. **Narrative:** Please include a **minimum 100-word narrative** describing the reasons you request a scholarship. You should include your goals and interest in pursuing a career in LTC.

Applicant's Signature: _____ **Date:** _____

By signing this application, I indicate that I am a member of FADONA/LTC or am being sponsored by a member of FADONA/LTC, am employed in LTC, and plan on remaining employed in LTC for at least two years. Application should be submitted to the FADONA/LTC business office who will forward it on to the scholarship chairperson. Application must be completed in full for any consideration.

Florida Association Directors of Nursing Administration/LTC
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