

**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**

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

**AND**

- Currently enrolled on a part time or full time basis in one of following programs in Pennsylvania:
  - 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.

**OR**

Scholarship may be applied towards one of the following PADONA continuing education programs:

- Convention\*       DON Prep       DON Advanced

**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 2012 Annual Convention and will be applied to the 2013 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 2012, 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.**

All applications must be submitted by December 31, 2011 to:

PADONA Scholarship Committee  
1204 Larchmont Place  
Mount Laurel, NJ 08054  
610-847-5396      FAX: 856-780-5149