

MICHIGAN CHAPTER NADONA/LTC SCHOLARSHIP AWARDS

In order to promote the educational pursuits of our members in LTC nursing, and support the facilities where they work, the Board of Directors and the Scholarship Committee are pleased to announce the awarding of three scholarships each year to qualified persons who wish to further their education in the Long Term Care Nursing profession. The amount of each scholarship will range from \$500 to \$1,000.

This educational opportunity is available to Michigan licensed nurses, CNAs and PCAs who aspire to advance their studies in the Nursing profession.

Criteria for scholarship application includes:

- 1. Submission of a completed application plus TWO (2) REFERENCES.**
- 2. Proof of enrollment in an accredited LPN, RN, or post graduate nursing program.**
- 3. a) MI/NADONA members may self nominate.
b) Applicants must be nominated by a MI/NADONA member.**
- 4. Commitment to work in a Michigan Long Term Care Facility (nursing home or assisted living) for at least one (1) year after completion of the nursing program.**
- 5. All forms must be completely filled out and submitted by Sept.1 to the Scholarship Committee as listed below. Applications will be accepted year round. Submitted applications will be reviewed after Sept. 1.**
- 6. If any of the required documents are missing or incomplete, your application will be disqualified and you will not be considered for the scholarship award.**
- 7. You will be notified of the status of your application by Oct. 1.**
- 8. Scholarship winners will be invited to the Annual Michigan NADONA/ LTC conference to receive their award.**

Applications may be obtained on-line at: www.nadona.org.

Alternatively, you may obtain an application by sending a stamped self-addressed envelope to:

**MICHIGAN CHAPTER/LTC SCHOLARSHIP COMMITTEE
Donna Beebe 340 Woodlake Drive Brighton MI 48116**

MICHIGAN CHAPTER NADONA/LTC
SCHOLARSHIP APPLICATION FORM

Please type or print only.

Name: _____
Last First Middle Initial

Address: _____
Street City State Zip

Phone Number: (include area code) _____

Facility of Employment: _____ NH Assisted Living _____

Address: _____
Street City State Zip

Phone Number: (include area code) _____

Length of Employment: _____ From: _____ To: _____
mo/day/yr mo/day/yr

Current Position of Applicant: _____

Indicate Area of Study: Masters _____ RN _____ LPN _____ Other _____
explain

Place of Enrollment: _____

Phone Number (include area code) _____

Date of Enrollment in Nursing Program: _____

Prospective Graduation Date: _____

Active membership in MI Chapter NADONA/LTC? yes _____ #of yrs. _____ no _____

Name of MI/NADONA member nominating applicant for consideration:

Please complete the essay section of this application also

If you are awarded the MI CHAPTER NADONA/LTC Scholarship do you pledge to practice your skills in a Long Term Care Facility (nursing home or assisted living) for at least one (1) year after the completion of your education?

Yes _____ No _____

Signature _____ Date: _____

