

**MINNESOTA DIRECTORS OF NURSING ADMINISTRATION/LONG TERM CARE  
LEADERSHIP DEVELOPMENT/PERSONAL BALANCE SCHOLARSHIP APPLICATION**

The purpose of MN-DONA Leadership Development/Personal Balance scholarship is to further the education or personal well-being of a MN-DONA member who is currently a DON/ADON/RN in leadership role.

**CRITERIA TO BE ELIGIBLE FOR AND RECEIVE A MN-DONA SCHOLARSHIP AWARD:**

1. Applicant must be seeking enrichment in a personal or professional arena.
2. Money must be used for education fees or a personal balance activity.
3. Applicant must be a current member of MN-DONA and currently employed in long-term care as a DON/ADON or an RN in a leadership role.
4. Recipient may re-apply on a yearly basis.
5. *Please explain in a paragraph how you would use the money for a leadership/personal balance activity. (Attach paragraph to this form.)*
6. Recipient should submit a follow up article (within two months of the event) about the personal/professional enrichment for inclusion in the chapter newsletter, "The MN-DONA Focus."

**APPLICATION PROCESS AND SELECTION IS AS FOLLOWS:**

1. Complete the scholarship application form below, along with a paragraph explaining how you would use the money for a leadership/personal balance activity, and submit to the MN-DONA Scholarship/Education Committee by **March 23rd, 2018**. **Applications received after this date cannot be considered.**
2. Attach a copy of the informational brochure for which the money will be used.
3. One \$500 award which will be presented at the April 26-27, 2018 Annual Meeting.

**Checks will be issued to the recipient.**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Applicant's Position:      DON      ADON      RN     How Long: \_\_\_\_\_

Applicant's Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How Long have you been working in your field? \_\_\_\_\_

Signature: \_\_\_\_\_

*By signing this application I indicate that I am a current member of MN-DONA.*

Submit Application To:    MN-DONA/LTC  
  Attn: Deanna Merdink  
  2626 E. 82<sup>nd</sup> St., Suite 270  
  Bloomington, MN 55425  
  Fax: 952-858-8950  
  E-mail: Deanna@bestmeetings.com

**Questions: Contact the MN-DONA Association Office at 952-858-8875 or 800-958-8875**