

**MINNESOTA DIRECTORS OF NURSING ADMINISTRATION/LONG TERM CARE  
SCHOLARSHIP APPLICATION**

Please check one: Most current educational pursuit    RN     LPN     Certification (ie: Hospice, Wound Care, etc.)

MN-DONA/LTC is committed to supporting education through scholarships awarded annually at our Fall Conference. There are two types of scholarships available to members or member-sponsored applicants: Vendor-sponsored scholarships and MN-DONA scholarships. Scholarships are typically \$500 - \$1000. There is also a special MN-DONA scholarship awarded in memory of Jean Cosgriff, a founding member of MN-DONA. This award is available only to a MN-DONA member pursuing further education that will benefit long-term care.

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

1. Applicant must be pursuing nursing course work that will benefit long-term care in either a skilled nursing facility or an assisted living facility; pre-nursing courses are not eligible.
2. Money must be used for tuition and books.
3. Recipient may re-apply on a yearly basis.

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

1. Complete the *scholarship application form and questionnaire*.
2. Attach a *letter of acceptance* or proof of enrollment, schedule or registration by the nursing education program for which the money will be approved.
3. Attach a *letter of support* from your sponsor signed by a MN-DONA member (N/A if you are a MN-DONA member).
4. Send a *digital photograph* of yourself to [sarah@bestmeetings.com](mailto:sarah@bestmeetings.com).
5. **Submit to the scholarship committee by August 5, 2022 by email to: [sarah@bestmeetings.com](mailto:sarah@bestmeetings.com),  
Late applications will not be accepted.**
6. If applicant fails to meet all of the above requirements, the application will not be considered.
7. Awards to be presented at the October 5-7, 2022 Fall Conference at Breezy Point Resort.

**Checks will be issued jointly to recipient and educational institution.  
Typed application is preferred.**

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

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

Telephone Number: \_\_\_\_\_ Email \_\_\_\_\_

Applicant's Current Position: \_\_\_\_\_ How Long: \_\_\_\_\_

Prior LTC Experience, if any? \_\_\_\_\_ How Long: \_\_\_\_\_

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

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

Name of School, College or University: \_\_\_\_\_

Address of School: \_\_\_\_\_

Type of Degree: \_\_\_\_\_

What is your estimated time of completion? \_\_\_/\_\_\_/\_\_\_                      What is/was your start date? \_\_\_/\_\_\_/\_\_\_

MN-DONA/LTC Sponsor (if applicant is a non-member):

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

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

Phone: \_\_\_\_\_ Signature: \_\_\_\_\_ (MN-DONA Member)

\_\_\_\_\_ **Please initial here to give MN-DONA approval to use your name & photo on their Facebook and/or Website.**

By signing this application I indicate that I am a member of MN-DONA/LTC or am being sponsored by an active member of MN-DONA/LTC, currently employed in long term care and plan to remain employed in long term care nursing for at least 2 years after completion of coursework. If application is emailed by applicant and not signed, sponsor should email their support.

Signature: \_\_\_\_\_                      Submit Application To:                      [sarah@bestmeetings.com](mailto:sarah@bestmeetings.com)  
(Applicant)

**Questions: E-mail [sarah@bestmeetings.com](mailto:sarah@bestmeetings.com)**

**Please complete the following questions. You must answer all questions for your application to be valid. Attach responses to questions on a separate piece of paper. Typed responses are preferred.**

1. Why are you interested in pursuing further education in the nursing profession?
2. Describe your involvement in long-term care, including length of service in your current position, as well as previous positions held.
3. Describe your community or personal volunteer experience with the elderly.
4. Tell us about a person who is a role model in your life that influenced your decision to further your career in long-term care and/or assisted living.
5. If you are a MN-DONA member applying for a scholarship, describe your involvement in our organization. **If you are not a MN-DONA member, please mark your response with "Not Applicable".**
6. List your strengths.
7. What personal/professional challenges have you experienced and how did you overcome them?
8. List your future plans and objectives in LTC after you receive your degree/education.