

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

Please check one: Most current educational pursuit RN LPN Certification

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. 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; 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 the sponsoring MN-DONA/LTC member.
4. Submit to the scholarship committee by August 1, 2014. Applications must be postmarked by August 1, 2014. **Late applications will not be accepted.**
5. If applicant fails to meet all of the above requirements, the application will not be considered.
6. Awards to be presented at the October 2014 Fall Conference.

**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 and Address of Local Newspaper for Future Press Release: _____

Name and Address of School, College or University: _____

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

Name: _____ Position: _____

Address: _____

Phone: _____ Signature: _____ (MN-DONA Member)

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:* MN-DONA/LTC
(Applicant) 2626 E. 82nd St., Suite 270
Bloomington, MN 55425

**Questions: Contact the MN-DONA Association Office at 952-858-8875 or 800-958-8875;
email lindsay@bestmeetings.com**

Please complete the following questions. Attach responses to questions on a separate piece of paper. Typed responses are preferred.

1. List objectives for requesting this scholarship. Identify plans for how your education will be used in a geriatric field of work.
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. In your educational pursuit, what is your estimated time of completion? What was your start date?
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 future plans and objectives in LTC after you receive your degree/education.