



Minnesota Directors of Nursing Administration 2023 Personal Balance Scholarship Application

The purpose of the \$500 MN-DONA Personal Balance scholarship is to further the education or personal wellbeing of a MN-DONA member.

Eligibility requirements for the MN-DONA Personal Balance Scholarship Award:

1. The Personal Balance Scholarship Award is to be used for education fees or a “personal balance” activity, and applicants should be seeking enrichment in a personal or professional arena. Past winners have used their award toward vacation with their family, going to the spa, toward educational expenses or purchasing a sewing machine or exercise machine.
2. 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 in a skilled nursing facility or Assisted Living.
3. Recipients that have not previously won this particular award may re-apply on a yearly basis.

Application process and selection is as follows:

Complete the scholarship application form below, along with a paragraph explaining how you would use the money for a leadership/personal balance activity, and attach a link, picture or brochure that describes how the money will be used.

Submit to the provided email or physical address by **March 30, 2023**. Applications received after this date cannot be considered.

Recipient will be **reimbursed** the \$500 and will need to provide receipts for their activity/ purchase. They will be encouraged to share how they used their scholarship by submitting an article for the summer edition of our newsletter, the MN-DONA Focus.

The winner of the \$500 award will be announced at the Annual Meeting (during the Spring Connection) on May 11, 2023.

Personal Balance Scholarship Application Form

Submit by **March 30, 2023** to be considered

Check will be issued to the recipient

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ E-mail: _____

Applicant's Position: _____ 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

Mail or email application to: MN-DONA
Attn: Sarah Berkner
2626 E. 82nd St., Suite 270
Bloomington, MN 55425
E-mail: sarah@bestmeetings.com

Questions: Contact the MN-DONA Association Office at 800-958-8875