

ODONA/LTC LPN to RN SCHOLARSHIP

The **ODONA LPN to RN SCHOLARSHIP** is available to LPN's currently employed at a facility where the DON or ADON is a current member of ODONA. The award is paid directly to the Ohio school where the applicant is earning his/her RN degree.

The applicant must have been working in long term care for at least one year, and submit the two (2) recommendation forms (attached): one from the Director of Nursing at the facility where the applicant is employed, and one from an additional reference.

One scholarship in each of the state's five regions may be awarded. All completed applications (including recommendation forms) received by February 1st are considered. Award winners are notified in mid-February and the scholarships will be awarded at the annual ODONA Convention held in late February or early March.

The completed Application and both Recommendation Forms must be submitted together and received at the ODONA Office *by February 1st*. Mail to:

ODONA/LTC
433 W Johnstown Road
Gahanna, OH 43230

**ODONA/LTC
LPN to RN SCHOLARSHIP
APPLICATION**
Complete entire form. Please print or type.

Name: _____ Social Security # _____

Home Address: _____ City _____

County _____ Zip _____ Phone # (____) _____

Employer _____

Address _____ City _____

Work Phone (____) _____ Number of years employed _____

Name of DON _____

Is DON a current member of ODONA? Yes _____ No _____

Applicant must have been working in long term care for at least one year. Please give evidence of how you have met this requirement. _____

Please provide a narrative of at least 100 words as to why you wish to become an RN and considered for a scholarship award, and how it will impact your practice.

I understand that this application for an ODONA LPN to RN Scholarship will be given to the ODONA Scholarship Committee, which has the authority to accept or reject this application.

Applicant Signature _____ Date _____

Please mail completed application and Recommendation Forms to: ODONA/LTC
433 W Johnstown Road
Gahanna, OH 43230

ODONA/LTC
LPN to RN SCHOLARSHIP
RECOMMENDATION FORM

This copy to be completed by applicant's DIRECTOR of NURSING

Name of Applicant: _____

Name of Director of Nursing: _____

Facility: _____

Telephone number of DON:(____)_____ Email _____

How long have you known the applicant? _____

How would you rate the applicant on the following? (Please circle appropriate number)

	Low	Average			High
Maturity	1	2	3	4	5
Ability to communicate	1	2	3	4	5
Commitment to long term care	1	2	3	4	5
Leadership	1	2	3	4	5
Sensitivity to Resident Needs	1	2	3	4	5

Comments: _____

How long has the applicant been employed at the facility? _____

Briefly, describe why this applicant would be a worthy recipient of this scholarship:

Signature _____ Date _____

Director of Nursing: This form must accompany the Application Form and the additional Recommendation Form (from the reference) when mailing.

**ODONA/LTC
LPN to RN SCHOLARSHIP
RECOMMENDATION FORM**

Note: Applicant must have two (2) references: one from the DON (see other Recommendation Form), and one from a second reference who must complete this form.

Name of Applicant: _____

Facility where Applicant is Employed _____

Name of Reference: _____

Title of Reference: _____

Relationship to Applicant: _____

Telephone Number of Reference: (____) _____

How long have you known the applicant? _____

How would you rate the applicant on the following? (Please circle appropriate number)

	Low		Average		High
Maturity	1	2	3	4	5
Ability to communicate	1	2	3	4	5
Commitment to long term care	1	2	3	4	5
Leadership	1	2	3	4	5
Sensitivity to Resident Needs	1	2	3	4	5

Comments: _____

How long has the applicant been employed at the facility? _____

Briefly, describe why this applicant would be a worthy recipient of this scholarship:

Signature _____ Date _____

This form must accompany the Application Form and the additional Recommendation Form (from the DON) when mailing.