

The ODONA/LTC SCHOLARSHIP

The **ODONA SCHOLARSHIP** is awarded to current ODONA members (Directors of Nursing and Assistant Directors of Nursing) who have been working in Long Term Care for a minimum of one year. All completed applications received by February 1st will be considered. Award winners are notified in February and the awards are presented at the annual ODONA Convention in March.

The scholarships are intended to support the mission of ODONA in assisting members in continuing formal education. The scholarship must be used for education related to the role of the Director of Nursing. ODONA awards one scholarship in each of the state's five regions. Applications must be received at the ODONA Office by February 1st. Please mail to:

ODONA/LTC
433 W Johnstown Road,
Gahanna, OH 43230

ODONA/LTC Scholarship Application

Complete entire form. Award winners are notified in February. Awards are presented at the ODONA Convention. All completed applications received by February 1st are considered.

Name: _____ Social Security #: _____

Home Address: _____
_____ Phone #: _____

Employer: _____

Address: _____
_____ Work Phone: _____

Current Position: _____

I have been (past or present) DON or ADON for _____ (# years or months)

I am currently an active member of ODONA. _____ Yes _____ no

I am active in a local DON Association. _____ Yes _____ no

Association Name _____

Have you ever received an ODONA scholarship? Yes _____ no _____ if yes, enter year _____

Have you attended the ODONA convention? Yes _____ no _____ If yes, list year (s) _____

Applicants must have been working in Long Term Care for at least 1 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 be considered for a scholarship award, and how it will impact your practice.

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

Applicant Signature _____ Date _____

Please mail the completed application to: ODONA LTC
NOTE: ODONA must receive by 433 W Johnstown Road, Gahanna, OH 43230
February 1st.