

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: _____

City: _____ State: _____ Zip: _____

County: _____ Phone #: _____

Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Work Phone: _____

Email address: _____

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

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. (You may attach additional pages as needed.)

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
626 Amber Drive
Zanesville, Ohio 43701