



### Sandi Hargette Scholarship

The Sandi Hargette Scholarship has been designed for a North Carolina Director of Nursing Administration Long Term Care, Inc. member who is seeking their Bachelor of Science degree in Nursing. The nominee must currently be a member of NCDONA LTC, Inc. and currently work in the long term care setting. The candidate must have plans to remain in long term care for at least two years after graduation. The candidate must be enrolled in a Bachelor of Science Nursing program.

The applicant must submit a typed narrative of no less than 250 words describing why they are seeking this degree and how it will enhance their long term care practice. Additionally two (2) letters of reference are to be submitted. At least one reference must be from administrator or employer. Applicant must provide letter of acceptance into BSN program.

This narrative as well as the application, references and other documentation must be submitted with four (4) copies.

Applicant name: \_\_\_\_\_

NADONA/NCDONA LTC Inc. Membership number \_\_\_\_\_ Expiration date \_\_\_\_\_

RN license # \_\_\_\_\_ Expiration Date \_\_\_\_\_ State of license \_\_\_\_\_

Address of applicant \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Preferred phone # \_\_\_\_\_ Email address \_\_\_\_\_

Employer: \_\_\_\_\_

Address of employer \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone # \_\_\_\_\_

Applicant's job title \_\_\_\_\_ Length of time in long term care \_\_\_\_\_

BSN program in which applicant is enrolled \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Length of time enrolled in nursing program \_\_\_\_\_ Projected completion date \_\_\_\_\_

Estimated school expenses:

Books/supplies	_____
Transportation	_____
Tuition	_____
Other (please list) _____	_____
Total	_____

My signature below indicates that all information is correct to the best of my ability. I verify that I am a member of North Carolina Directors of Nursing Administration Long Term Care, Inc. Furthermore I am currently employed in long term care and plan to remain for at least 2 years after receiving my BSN.

Additionally, if chosen to receive this scholarship, I agree to publication of my name, vital information and/or photograph in NCDONA LTC, Inc. or NADONA publications.

Applicant's signature: \_\_\_\_\_ Date \_\_\_\_\_

**Submit original as well as 4 copies of the following:**

- **Completed Application form**
- **Narrative on 8.5 x11 inch white paper, no less than 250 words**
- **Two letters of reference (one must be from employer)**
- **Proof of acceptance letter from accredited school of nursing**

Mail to  
NCDONA LTC, Inc.  
PO Box 30164  
Winston Salem, NC 27130-0164  
Attention: Scholarship committee

**This scholarship was developed in recognition of Sandi Hargette who was an honorary member of NCDONA LTC, Inc. and was instrumental in providing education and leadership to its members.**

**The scholarship is sponsored, in part, by funds received by the annual conference.**