

ALLAN B. ENGEN NURSE SCHOLARSHIP

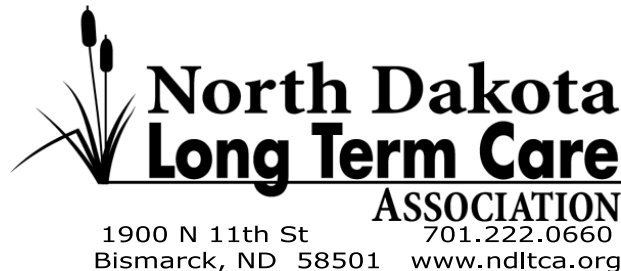
The North Dakota Long Term Care Association (NDLTCA), in order to assist qualified persons who wish to further their education and practice in the long term care profession, will award several \$1,000 scholarships in 2018 for LPN or RN education. This program is offered in memory of Allan B. Engen. Mr. Engen was Executive Director of North Dakota Long Term Care Association from 1979 to 1989. All long term care facility employees interested in becoming a nurse, LPNs considering becoming RNs, or RNs wishing to further their education are eligible to apply.

QUALIFICATIONS:

- Currently employed in a NDLTCA member facility and recommended by that facility.
- Demonstrate proof of acceptance into a nursing education program approved by the Board of Nursing.
- Two letters of recommendation required. One must be completed by the Director of Nursing or Administrator of the referring facility.

All recommendations must be submitted on the standard recommendation form utilized or the applicant will be disqualified.

- **Application form must be typed. Completed application and supporting documentation must be received in one package by the North Dakota Long Term Care Association office no later than 1:00pm CDT on August 31, 2018.** (*Recommendations mailed separately from applications will not be accepted.*)



*All information can be found on our website
<http://www.ndltca.org/education/scholarships/>*

Questions or for more information contact Carol at 701.354.9777

ALLAN B. ENGEN NURSE SCHOLARSHIP

- APPLICATION -

(Must Be Typed)

Please check the scholarship you are applying for: RN____ LPN____

Name:

Address:

City, State, Zip:

Email:

Telephone:

-Name of Employer & Address:

-Current Position: _____

-Years of experience working in long term care: _____

Name of Educational Institution to which you have been accepted into a Nursing Program, its location, and your start date. *Attach letter of acceptance from the school of nursing.*

Please describe your future professional goals:



In the space provided, please describe the following: experiences you have had in long term care, interests in long term care and unique challenges you believe the long term care profession holds. *You may attach a separate sheet, if necessary.*

Have you been a previous recipient of the Allan B. Engen Scholarship? Yes No

SIGNATURE

DATE



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- RECOMMENDATION FORM -

The North Dakota Long Term Care Association (NDLTCA) will award several \$1,000 Nursing Scholarships in 2018 to assist qualified persons who wish to continue their education and may be interested in careers in long term care. The scholarships are offered in memory of Allan B. Engen, Executive Director of the North Dakota Long Term Care Association from 1979 to 1989.

We appreciate your recommendation of the applicant. Please complete this form and place it in a sealed envelope. **The applicant must return the recommendation form with his/her completed application and supporting documentation in one package to the North Dakota Long Term Care Association office no later than 1:00pm CDT on August 31, 2018. Recommendations mailed separately from application will not be accepted.**

All recommendations must be submitted on the standard recommendation form utilized or the applicant will be disqualified.

Name of Applicant: _____

Name of Recommender: _____

Check appropriate box:

Reference is made by DON Administrator Other (specify) _____

(how many years employed at your facility? _____)

Address of Recommender: _____

Phone Number of Recommender: _____

How would you rate the applicant on the following:

	Low	Average	High	No Opinion
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensitivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commitment to Long Term Care profession	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In the space provided, describe why you believe this applicant would be a worthy recipient of a NDLTCA nurse scholarship. *You may attach a separate sheet, if necessary.*

SIGNATURE

DATE

Rev. September 2017



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