



2010 Scholarship Criteria

Iowa Organization of Nurse Leaders



Iowa Organization of Nurse Leaders 2010 Scholarship Selection Criteria

Purpose

The purpose of the scholarship fund is to provide financial assistance to members of the Iowa Organization of Nurse Leaders (IONL) for continuation of formal education. The scholarship amount available is determined by the IONL Council on an annual basis.

Applicants may be awarded amounts up to a total of, and not to exceed, \$1,000. This total amount may be awarded over one or more years.

Eligibility

The applicant must be a member of IONL and have been so for a minimum of one year prior to making application for the scholarship.

The applicant must be an active nurse leader in the state of Iowa who expresses the intent to remain in nursing management within the state of Iowa for a minimum of two years. The applicant must remain a member of IONL for the two year time frame.

The scholarship shall be used towards a credential or degree and not towards continuing education (CE) events.

The Professional Recognition Committee will review each application and present their recommendations to the IONL Executive Council. Final selection of the scholarship award will be determined by majority vote of the IONL Executive Council. The Chair of the Professional Recognition Committee will be informed of the decision and will communicate with committee members.

If the scholarship recipient fails to: (1) satisfactorily complete this course; (2) remain employed in nursing administration for two years following receipt of the scholarship; (3) use scholarship funds within one year of receipt; and/or (4) continue membership in IONL for two years following receipt of the money, the scholarship award plus interest at prime rate (at time of payback) must be repaid within one year.

The scholarship winner will be notified by the IONL president or their designee. The award will be presented at the Iowa Hospital Association Annual Meeting in October.

Completed Scholarship Application must be received by August 23, 2010

2010 Scholarship Application Iowa Organization of Nurse Leaders

**Completed
Scholarship
Application must
be received by
August 23, 2010**

| | |
|---|--|
| Name | |
| Home Address | |
| Home Phone | |
| Present Employer | |
| Employer Phone | |
| Address of Employer | |
| Email address | |
| Present position | |
| Immediate supervisor | |
| License number | |
| Number of years member of IONL | |
| Amount of funds requested | |
| Name of school attending | |
| Address of school | |
| Name of classes or course of study | |
| Anticipated date of completion | |
| Applicant's goal for classes or course of study | |
| List your involvement in AONE and/or IONL (district, state or national) | |

Identify what you consider to be the most important challenge for nurse leaders, why and how your education can help in 100 words or less. **Please list on an additional page.**

When you submit this application, please include a reference from:

- Immediate supervisor
- Peer or instructor

Note! One of the two references must be a current IONL member

**Please return application to:
Laura Malone
Director, Nursing & Clinical Services
Iowa Hospital Association
100 East Grand Suite 100
Des Moines, IA 50309-1835
Or...Email to malonel@ihaonline.org
Fax: 515/283-9366**

Reference Form
 2010 Scholarship Application
 Iowa Organization of Nurse Leaders
(All shared information is strictly confidential.)

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Applicant's Name _____

How long have you known the applicant? _____

In what capacity have you known the applicant? (Circle One)

Immediate supervisor Instructor or peer IONL member

Please rate the applicant on the following characteristics:

| | Excellent | Above Average | Average | Below Average | Poor |
|----------------------------------|-----------|---------------|---------|---------------|------|
| Probability of success | | | | | |
| Dependability | | | | | |
| Initiative | | | | | |
| Ability to get along with others | | | | | |
| Communication skills | | | | | |
| Professionalism | | | | | |

Do you feel this applicant is deserving of a scholarship? Yes No

What indication can you give of the student's desire to contribute to nursing leadership?

General Comments

Signed _____

Date _____

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 Director, Nursing & Clinical Services
 Iowa Hospital Association
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