

Robert W. Scott Faculty Award
Application

Please complete the following information.

Part A

Name _____

Address _____

Telephone _____

Part B

1. I am a North Carolina resident. Yes _____ No _____

2. I am currently enrolled in a doctoral program _____ / graduate
program _____.
College _____ Cumulative GPA _____

3. I am employed in Associate Degree Nursing Education

Full time (9-12 months) _____

Part time (less than 9 months) _____

Please specify number of hours per week worked

21-30 hours per week _____

12-20 hours per week _____

6-11 hours per week _____

University or Community College _____

Dates of employment _____

4. NC ADN Council membership dates _____

Part C

Please attach a copy of the following items to this application.

1. Essay (250 words) stating your reason for desiring a career in associate degree nursing education and how this certificate or degree will enhance your career. This must be typed and double-spaced. The essay will be coded upon receipt by an impartial party so that judges can read them anonymously.
2. Letter of verification for acceptance into school at the master's level / doctoral level, or receipt dated after the last NCADN conference date for a certification exam.
3. Two letters of recommendation from individuals able to evaluate the applicant's academic potential. These should include: one from the applicant's Director or Dean, one from a colleague.

Send Application To:
Cheryl Logan, MSN, RN
200 Mayland Dr.
Spruce Pine, NC 28777

Application Must Be Postmarked by March 8, 2021.