

## **2024 Pamela Austin Thompson Scholars Financial Aid Application for participation in the 2025 Nurse Manager or Nurse Director Fellowship Programs**

### **Fund Background:**

Named in honor of CEO Emeritus, Pamela Austin Thompson, to recognize Pam's many contributions to the profession of nursing leadership, the Pamela Austin Thompson Fellowship Fund was established to support the Nurse Manager and Nurse Director Fellowship programs and participating Fellows. Beyond that broad mandate, Pam herself requested that funds be used for financial aid.

Thanks to a generous support from AONL Foundation donors, the AONL Foundation is proud to offer financial aid for fellowship tuition to nurse leaders from small, rural, or critical access organizations, or diverse backgrounds to participate in the 2025 Nurse Manager or Nurse Director Fellowship programs.

### **Financial Aid Package details:**

Funds available up to \$8,999 to be used for program tuition and travel expenses.

### **Eligibility Criteria:**

Applicant eligibility criteria:

- Applicant has applied to the Fellowship program.
  - Prior to release of funds, applicant must be accepted to the Fellowship program. AONL Foundation will confirm program acceptance.
- Applicant completes request for funding from the Foundation.
- Applicant has support of leadership from their own organization.
- Release time supported by their organization to attend programs.
- Mentoring support from within their organization.

- The Foundation believes this is an added layer of accountability important to the success of the program when offering financial aid.
- Sitting Board Members of AHA, AONL and the AONL Foundation are ineligible.

Organizational eligibility criteria will be determined using the following sources:

- “Small” – as defined by the Healthcare Cost and Utilization Project’s Bedsize Categories: [www.hcup-us.ahrq.gov/db/vars/hosp\\_bedsiz/nisnote.jsp](http://www.hcup-us.ahrq.gov/db/vars/hosp_bedsiz/nisnote.jsp)
- “Rural” – if any one of the following criteria is met:
  - Listing in Rural Health Information Hub’s “Am I Rural” tool: [www.ruralhealthinfo.org/am-i-rural](http://www.ruralhealthinfo.org/am-i-rural)
  - Qualifies for either the Centers for Medicare and Medicaid Services Rural Health Clinics Program or the Federal Office of Rural Health Policy’s Grants Programs
  - Has a United States Department of Agriculture/Economic Research Service Rural-Urban Commuting Area (RUCA) code of 10
  - Has a United States Department of Agriculture/Economic Research Service Rural-Urban Continuum Code (RUCC) of 4 or greater
- “Critical access” – if appearing on the Flex Monitoring Team’s listing: [www.flexmonitoring.org/data/critical-access-hospital-locations](http://www.flexmonitoring.org/data/critical-access-hospital-locations)
- Other “small non-profit, government or public health care organization along the care continuum” – such as:
  - Schools (for a school nurse)
  - Long term care organizations
  - Home health care and hospice organizations
  - Skilled nursing facilities
  - Community college

## Evaluation:

The Foundation is not evaluating the quality of the candidate to participate in the Fellowship program(s). The Foundation's role is to decide whether or not to award financial aid to the applicant's organization for their participation.

The application package will consist of:

- Biographical information for the applicant, their organization, their supervisor and their mentor.
- Materials used for program application including: resume/curriculum vitae, leadership essay, capstone project proposal, and letter of recommendation.
- Information about the organization's budget specifically related to continuing education.
- Additional letters of recommendation stating the willingness on the part of the organization to support the candidate, specifically addressing the above eligibility criteria.
- Additional letter of support from the applicant's mentor.

Each applicant will be evaluated for:

- Leadership Potential
- Organizational Support

Please be aware, the letters of recommendation and support from the applicant's supervisor and mentor carry significant weight in the evaluation process.

**Requirements and Expectations of Pamela Austin Thompson Scholars and their Organizations:**

- Attend Foundation events at the AONL Annual Conference including:
  - Soirée
  - Meet and greet with program donors
  - Others as appropriate

- Provide written reports on individual experiences from the program participant and evaluate personal/professional/organizational impact:
  - At the mid-point of the Fellowship program
  - Following completion of the Fellowship program
  - Annually for a two-year period.
  - Allow the Foundation to use information in the reports in promotional materials
  
- Written reports from the program participant's supervisor and mentor that evaluate the personal/professional/organization impact:
  - At the mid-point of the Fellowship program
  - Following completion of the Fellowship program
  - Annually for a two-year period.
  - Allow the Foundation to use information in the reports in promotional materials

### **Application Form:**

To be submitted via [online form](#).

Please note, applicant must apply for **both** the fellowship program and the financial aid. These are two separate applications, due at the same time.

### **Biographical Information:**

Applicant Full Contact Details

Organization Full Contact Details

Direct Supervisor Full contact Details

Organizational Mentor for duration of program  
Full contact details

Please upload a short biography of your mentor.

Amount of funding requested:

(Up to \$8,500 for program tuition.)

Does your organization have a budget for continuing education and training?

If yes, can those funds be used for this program?

If yes, please explain the details of the budget, and how your organization will utilize these funds in conjunction with existing budget to support your participation in this program.

Does your organization have other sources of funding that might be used for continuing education and training? For example, an affiliated foundation that may have raised charitable dollars.

If yes, please explain the details of how your organization will utilize these funds in conjunction with the existing budget to support your participation in this program.

Is your organization part of a system?

If yes, can system-level funds be used for this program?

If yes, please explain the details of your organization will utilize these funds in conjunction with the existing budget to support your participation in this program.

Will you be able to participate in the Fellowship without receipt of financial aid?  
Please explain.

Candidate Statement

Will you agree to the requirements and expectations to become a Pamela Austin Thompson Scholar?

#### Letter of Support from Supervisor

Please address organizational structure and need for financial aid.

Please share why you support the applicant to participate in this fellowship program. Please also address how applicant will be supported internally.

Please include a statement agreeing to the requirements and expectations of the Pamela Austin Thompson Scholars program.

#### Letter of Support from Organizational Mentor

Please address how your mentoring relationship will work throughout the year. Please include at least one specific outcome.

Please share why you support the applicant to participate in this fellowship program.

Please include a statement agreeing to the requirements and expectations of the Pamela Austin Thompson Scholars program.

Please be aware that the letters of recommendation and support from the applicant's supervisor and mentor carry significant weight in the evaluation process. Robust letters addressing the above and showcasing the applicant and their work will be scored higher than more generic letters.

**Program Timeline:**

Financial aid application due: August 19, 2024 at 11:59pm CT

Financial Aid Evaluated: September 2024

Financial Aid Awarded: November 2024

**For more information and questions:**

Please contact:

Erica Cheng, program specialist at [echeng@aha.org](mailto:echeng@aha.org) or (312) 422-2806