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## **Pamela Austin Thompson Scholarship Application** **2027 Nurse Manager and Nurse Director Fellowship Programs**

### **Scholarship**

Named in honor of CEO Emeritus, Pamela Austin Thompson, and recognizing her many contributions to the nursing leadership profession, the **Pamela Austin Thompson Fellowship Scholarship** was established to support the Nurse Manager and Nurse Director Fellowship programs and the nurse leaders who participate in them.

Through the generosity of AONL Foundation donors, the Foundation is proud to provide financial assistance for fellowships to nurse leaders. Priority is given to nurse leaders serving in small, rural, and critical access healthcare organizations, enabling them to participate in the fellowship programs and further strengthen their leadership capabilities.

### **Scholarship Details**

- Funds available up to \$8,999 to be used for program cost
- Scholarship recipient fees for the Nurse Manager or Nurse Director Fellowship program will be waived upon acceptance and signing of the agreement

### **Eligibility Criteria**

- The applicant is accepted to the AONL Nurse Manager or Nurse Director Fellowship program
- Applicant completes all requirements on the scholarship application
- Applicant has the support of their leadership team from their organization
- Release time is supported by their organization to attend all aspects of the program
- Priority is given to small, rural, critical access, or other small non-profit, government or public health care organizations along the care continuum
- Scholarship is available to current AONL members
- Scholarships and grants administered by the AONL Foundation may only be awarded to individuals and organizations within the United States of America and its territories
- Sitting Board Members of AHA, AONL and the AONL Foundation are ineligible

Organizational classification will be determined using the following sources:

- "Small" - as defined by the Healthcare Cost and Utilization Project's Bed size 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

### Application

The application package will consist of:

- Biographical information for the applicant, their organization, and their supervisor
- Materials used for program application including:
  - Resume
  - Vital leadership essay
  - Capstone project proposal
- Information relevant to financial aid considerations
- Signed letter of recommendation from immediate supervisor that speaks to the following:
  - **Available financial support, if any, from the organization**
  - The applicant's commitment to program attendance
  - How the program will benefit the applicant's professional growth and leadership development

### Evaluation

The Financial Aid Committee is not evaluating the quality of the candidate to participate in the Fellowship program(s). The Financial Aid Committee's role is to recommend **whether to award financial aid** (i.e. a scholarship) to the applicant.

Applications will be evaluated based on the quality and completion of required elements on the application form.

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

- Scholarship recipients must attend > 85% of the fellowship program
- Participation in Foundation events at the AONL Inspiring Leaders Conference including:
  - Annual Fundraising Event (in-person)
  - Meet and greet with donor community
  - Support the AONL Foundation Exhibit Booth(s) at the Inspiring Leaders Conference
  - Other events as appropriate

- Participation in photography and videography to promote the scholarship, Financial Aid Program, and the AONL Foundation
- Providing 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
- Providing 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 application form](#).

Please note, applicant must apply for **both** the AONL Nurse Manager/ Nurse Director Fellowship program and the AONL Foundation Pamela Austin Thompson Scholarship. These are **two separate applications**—both applications have the same due date.

### **Biographical information:**

1. Applicant's contact information\*
2. Immediate supervisor contact information\*
3. Organization's information\*
4. Amount of funding requested\*  
(Up to \$8,999 for program cost.)
5. Does your organization have a budget for continuing education and training?\*
6. If yes, can those funds be used for this program?
7. 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.
8. 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.\*
9. 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.
10. Is your organization part of a system?\*
11. If yes, can system-level funds be used for this program?
12. 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.
13. Will you be able to participate in the Fellowship without receipt of financial aid? Please explain.\*

14. Please provide a personal narrative describing your need for financial assistance, how this scholarship would be used to offset the cost of participation, and any sources of financial assistance you are currently utilizing (e.g., employer support, grants)? (600 words maximum)\*
15. How will receiving the Pamela Austin Thompson Fellowship Scholarship help you achieve your professional goals and strengthen your ability to serve patients, communities, and the nursing profession? Your response carries significant weight in the scholarship review and selection process (600 words maximum).\*

### **Letter of Support from Immediate Supervisor\***

16. The **signed** letter of support from the applicant's immediate supervisor must:

- **Indicate available financial support, if any, from the organization and need for financial aid**
- Include a statement agreeing to the requirements and expectations of the Pamela Austin Thompson Scholars program
- Provide information on the applicant's commitment to program attendance
- Specify how the program will benefit the applicant's professional growth and leadership development

Please be aware, the letters of recommendation and support from the applicant's supervisor detailing **need for financial support carries significant weight** in the scholarship evaluation process.

17. Do you agree to meet the requirements and expectations of a Pamela Austin Thompson Scholar?\*

18. "Do you certify that all information submitted in this application is true, complete, and accurate to the best of your knowledge?"\* (Yes/No)

19. Signature \*:

20. Date\*:

### **Program Timeline**

Scholarship applications due:	Aug. 21, 2026
Applications Evaluated:	Oct. 2, 2026
Scholarship Awarded:	Oct. 12, 2026

For more information and questions, please contact: [aonfoundation@aha.org](mailto:aonfoundation@aha.org), or 312-422-2825

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