

Iowa Nurse Practitioner Society

Scholarship Application

Name _____

Address _____

Telephone _____

Enclose Vitae with a minimum of the following information:

1. Educational Background and degree(s)

Include a copy of your current RN license

Certifications (**Include a copy**)

Publications

2. Work Experience

Current position

Previous Health Care positions

3. Professional organization (s) (Include offices held)

4. Awards and/or Scholarships

5. Submit a paragraph of 50 to 150 words how you perceive your future role as an advanced nurse practitioner. Include your intent toward professional commitment to INPS and your colleagues.

6. Letter from faculty member advocating the student's successful work in the program.

7. Three references (Name, address, organization and the position held, and relationship to applicant)

8. It is a requirement that the scholarship recipient attend the INPS Fall Conference to be eligible to receive the award.

**PLEASE, postmark of application to be
no later than **October 20, 2010****

If you have questions please contact Charlotte Kelley, ARNP 515-277-7743 (home) or
515-277-3400 (work). Email is: cmkelley2018@gmail.com

Mail application to:

Charlotte Kelley,
ARNP Iowa Nurse Practitioner Society
Scholarship and Grant Fund
3943 Welker Avenue
Des Moines, IA 50312-3057