



Nurse Practitioners OF IDAHO

Scholarship Application

STUDENT STATUS

- ☐ Master of Science in Nursing (NP Track)
- ☐ Doctor of Nursing Practice (Post Masters or BSN to DNP)
- ☐ Doctor of Philosophy in Nursing
- ☐ Additional Certification: _____

PERSONAL INFORMATION

- A. Name: _____
- B. Home Address: _____

- C. Phone: _____
- D. Email: _____
- E. Accredited NP School Name: _____
- F. Accredited NP School Address: _____
- G. Program of Study:
 - ☐ Family
 - ☐ Neonatal
 - ☐ Acute Care
 - ☐ Other (Specify): _____
 - ☐ Pediatric
 - ☐ Women's Health
 - ☐ Emergency
 - ☐ Adult/Gerontology
 - ☐ Psychiatric
 - ☐ PhD
- H. Anticipated Graduation Date: _____
- I. Cumulative GPA from current NP program: _____
- J. Name of Reference: _____
- K. Relationship to Reference:
 - ☐ Supervisor
 - ☐ Mentor/Clinical Preceptor
 - ☐ Educator
 - ☐ Colleague

ESSAY

Please submit an essay of 500-750 words describing:

- Your passion for being/becoming a nurse practitioner/DNP/PhD
- Your goals for your first/next 3-5 years of practice
- Your financial need and how you are financing your education
- Your volunteer activities or community outreach in the past five years
- Your capstone project or dissertation

LETTER OF RECOMMENDATION

Please have one letter of recommendation submitted directly to npi.idaho@gmail.com addressing candidate's leadership qualities and suitability for becoming a nurse practitioner or PhD. The reference letter may be from a supervisor, educator, mentor, clinical preceptor, or colleague who knows the applicant well. The letter will not be from a member of the NPI Scholarship Committee and will not be from a member of the NPI Executive Board. Contact information of the author must be included.

ELIGIBILITY STATEMENT

I certify that I am a U.S. citizen or permanent resident.

I am not a member of the Nurse Practitioners of Idaho Board or a relative of a current NPI Board Member.

I am not an NPI staff member or related to an NPI staff member.

I have at least one semester of my current program completed.

CERTIFICATION

I hereby certify, to the best of my knowledge, that all information submitted for this scholarship is complete and correct. I also certify that I will be enrolled as a student at the time of the award at the fall conference.

Signature: _____

Date: _____

SUBMIT

1. Application by email to npi.idaho@gmail.com or mail to 6126 W State St, Ste 406, Boise, ID 83703
2. Nurse Practitioner Essay of 500-750 words
3. One letter of recommendation (shall not be from a member of the NPI Board or member of the Scholarship Committee)
4. Official transcript

All completed applications are to be submitted to the Nurse Practitioners of Idaho by August 1, 5:00 PM MDT.