**Nurse Practitioner Alliance of RI Academic Scholarship 2025**

This scholarship is funded by the Nurse Practitioner Alliance of RI (NPARI) and is awarded subject to available funding. Applicants for 2025 scholarships must be NPARI members currently enrolled in an accredited Nurse Practitioner (NP) graduate program leading to an advanced degree or certification. Applicants must be licensed as a registered nurse. Only completed applications will be accepted and reviewed.

Amount of Award: Students may receive up to $1,000 in scholarships. Application Deadline: **November 1, 2025.** All documents must be posted by 5pm.

Notification Procedure: The scholarship recipient will be notified by November 7, 2025 and the award will be made at the annual meeting on November 12, 2025.

Application Procedure: Must be an NP (master’s or doctoral) student and member in good standing of NPARI. Please include the following.

* Completion of the attached application and attestation form. An NP program faculty member must complete the attestation section of the form.
* A short essay to include plan for the future of NP practice answering: **How do you see your education transforming your nursing practice from basic to advanced practice nursing at the individual and professional level? (250 words or less)**
* The Application, attestation forms and essay must be emailed to carley@uri.edu In the memo section of the email but **NPARI Scholarship.**

**Nurse Practitioner Alliance of RI  
Academic Scholarship 2025 Application and Attestation Form**

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE #: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ATTESTATION FORM  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Student) is currently enrolled in a**

**nurse practitioner program at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Institution).**

**She/He is in good standing at this institution, with a current GPA of\_\_\_\_\_\_\_\_\_\_\_\_\_\_, with an anticipated graduation date of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**Faculty Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**