



IOWA NURSE PRACTITIONER SOCIETY

2026-2027 *Scholarship* Application

****Due September 30, 2026****

Application Guidelines:

- Applicant must be a current INPS student member.
- Applicant must be enrolled in an accredited school and have completed at least one semester.
- Applicant must not have received funding from INPS in the previous three years.
- Preference will be given to students who do not currently hold an NP license.
- Applicant must not be a current board member or related to a current board member.
- Applicant must attend the 2026 INPS Fall Conference (see INPS website for details)
- Applications are accepted once yearly and must be submitted by due date.
- An individual may receive the INPS student scholarship only once.
- The Grants and Scholarship committee will review the applications and awardees will be announced at the INPS Fall Conference.
- If chosen as a scholarship recipient, you agree to INPS using your name and photograph in promotional materials.

To Apply:

Please attach this application form and the following information in an email to INPS Grants and Scholarship Chairperson, Aubrey Molgaard at Swrep@iowanpsociety.org by **September 30, 2026**:

- Current Resume/CV (be sure to include the following information):
 - Background and Degree(s)
 - Licensures and/or Certifications
 - Work Experience, including current and previous healthcare positions
 - Role and participation in any professional organizations, community service, or legislative work
- Unofficial transcript from current graduate program
- A letter of reference from a faculty member that addresses your work as a student and initiative in the NP program
- Professional photo/headshot
- Any other relevant information important for consideration of your application.
- A paper, of no more than 800 words that answers the question, *"How does your student membership in INPS impact your view of professional organization involvement?"*
- Applicant Information:
 - Name:
 - Address:
 - Email:
 - Phone Number:
 - Name of School and Program of Study:
 - Name of Faculty Reference:
 - Description of DNP Project/Master's Thesis (if known and applicable to your program):