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**Iowa League for Nursing**

# 2021 Grant and Scholarship Application

**Due June 1st, 2021 Extended to July 15th, 2021**

1. Indicate which grant/ scholarship you are applying for:

**Applicants may apply for a scholarship and/or grant. Applicants must include all components required for each scholarship or grant applied for. Recipients can only receive one scholarship or grant.**

🞏 A. Professional Development Grant 🞏 B. Nurse Educator Scholarship

2. Personal information:

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent Address (Where you may be reached if scholarship/grant is awarded)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home/Cell Phone Number Work Phone Number

Email address where you can be contacted during the month of July\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently a nurse educator? Yes \_\_\_\_ No \_\_\_\_ If Yes: FT \_\_\_\_\_\_ PT \_\_\_\_\_ Adjunct \_\_\_\_\_\_

Place of Employment

Are you currently a member of the Iowa League for Nursing? Yes \_\_\_\_ No \_\_\_\_

**All Applicants please sign and date below:**

Signature of applicant \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Specific information for each grant and scholarship:

1. **Professional Development Grant:**

* Applicant's professional activity must not be associated with the obtainment of a degree.
* Examples of professional activities include, but are not limited to, conference attendance, certification, recertification, continuing education courses.
* The recipient of the Professional Development Grant is expected to report back to the Iowa League for Nursing board of directors regarding the use of the grant.

**On a separate sheet of paper please write a summary including the following information:**

* Why you should be considered for the ILN Professional Development Grant.
* Description what the grant will be used for.
* Identify how the grant activity will benefit you personally.
* Include how the grant activity could potentially benefit your organization and/or community.
* Itemizationof the potential expenses related to the request.
* Your long- and short-term career goals and how the Professional Development Grant will help further those goals.
* Your involvement in community and professional activities or organizations.
* Please attach a letter from your immediate supervisor pledging support for the professional development activity.

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**B. Nurse Educator Scholarship:**

* The applicant must currently be enrolled in a graduate or doctoral program with a focus on education.
* The recipient of a Nurse Educator Scholarship is expected to report back to the Iowa League for Nursing board of directors regarding the use of scholarship.
* Scholarship recipients will receive a free 1 year membership to the Iowa League for Nursing.

Program you are currently attending\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Anticipated Degree: Master’s \_\_\_\_\_\_\_ Doctorate\_\_\_\_\_\_\_ Anticipated graduation date \_\_\_\_\_\_\_\_\_\_\_

Previous post-high school education:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of School** | **Major** | **Date of Enrollment** | **Credits** | **Certificate, Diploma, Degree Received** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Have you applied for other scholarships or loans? Yes \_\_\_\_ No \_\_\_\_

Have you received other scholarships or loans? Yes \_\_\_\_ No \_\_\_\_

**On a separate sheet of paper please write a summary including the following information:**

* Why you should be considered for the Nurse Educator Scholarship.
* Itemized list of the expected school expenses for the next academic year.
* Your long- and short-term career goals and how the Nurse Educator Scholarship will help future those goals.
* Your involvement in community and professional activities or organizations.
* Please attach
* A letter from your program verifying your enrollment.
* Evidence that that you have completed at least **nine (9)** semester hours (official transcripts are not required, web-based transcripts or letters from the program are acceptable evidence)

1. **Undergraduate Nursing Student Scholarship (NurseTim)**

* The applicant must be enrolled in an undergraduate nursing program.
* Evidence that you have completed at least nine (9) semester hours (official transcripts are not required, web-based transcripts or letter from a program director are acceptable evidence.)
* The recipient of an Undergraduate Nursing Student Scholarship is expected to report back to the Iowa League for Nursing board of directors regarding the use of the scholarship.

Nursing Program you are currently attending\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Anticipated graduation date \_\_\_\_\_\_\_\_\_\_\_

Have you applied for other scholarships or loans? Yes \_\_\_\_ No \_\_\_\_

Have you received other scholarships or loans? Yes \_\_\_\_ No \_\_\_\_

**On a separate sheet of paper please write a summary including the following information:**

* Why you should be considered for the Undergraduate Student Scholarship.
* Itemized list of the expected school expenses for the next academic year.
* Your long- and short-term career goals and how the Undergraduate Student Scholarship will help future those goals.
* Your involvement in community and professional activities or organizations.
* Please attach
* A letter from your program verifying your enrollment.
* Evidence that that you have completed at least **nine (9)** semester hours (official transcripts are not required, web-based transcripts or letters from the program are acceptable evidence)

Applications can be mailed to:

Lisa Thuerauf MSN,RN

ILN Scholarship Committee Chair

126 Hardshell Road

Mount Vernon, Iowa 52314

OR

Email to: [lthuerauf@gmail.com](mailto:lthuerauf@gmail.com)

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