

## The Dixi Noh Scholarship Application

Sponsored by Nurse Practitioners of Idaho

**Check Student Status (one only):**

\_\_\_\_\_ **NP to DNP** \_\_\_\_\_ **RN to NP (MSN/DNP)**

### PERSONAL INFORMATION

A. Name: \_\_\_\_\_

B. Home Address: \_\_\_\_\_

C. Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

D. Email: \_\_\_\_\_

E. Nurse Practitioner School Name/Address: \_\_\_\_\_

F. Complete the table regarding your clinical experience **over the last year only** to the best of your ability. If clinicals have not been completed but are scheduled for the future, please indicate the scheduled dates to begin. For each clinical practice site, total the hours at that site. *(Use separate sheet if necessary).*

CLINICAL practice site Name	Address	City	State	DATES of Clinicals	TOTAL HOURS:

G. Program of Study: \_\_\_ Family \_\_\_ Psychiatric \_\_\_ Adult \_\_\_ Acute Care \_\_\_ Geriatric \_\_\_ Pediatric  
\_\_\_ Other/Specialty (specify): \_\_\_\_\_

H. Anticipated Graduation Date: \_\_\_\_\_

I. Cumulative GPA after last completed semester (**DO NOT submit transcript unless requested**): \_\_\_\_\_

J. Name of Reference : \_\_\_\_\_

Relationship to Reference: \_\_\_\_\_ Colleague \_\_\_\_\_ Friend \_\_\_\_\_ Employer \_\_\_\_\_ Other



## ***The Dixi Noh Scholarship Application***

Sponsored by Nurse Practitioners of Idaho

### NURSE PRACTITIONER ESSAY

On an additional sheet of paper write an essay describing why you feel passionate about becoming a Nurse Practitioner in **500 words or less** and describing what your future plans would be as a Nurse Practitioner. Please include in your essay a statement of financial need. Please describe any volunteer activities or community outreach you have participated in over the last five years, if any (this is included in the 500 word limit).

### LETTER OF RECOMMENDATION

Applicant will need only **one** reference letter which addresses the individual's leadership qualities and why he/she would be a good candidate for the scholarship. The reference letter can be from an instructor, clinical preceptor or work place mentor. The letter should be from someone who knows the applicant well and can address the above points on the applicant's behalf. Please also request the person providing the reference letter to include contact information. *Reference letters may be faxed to NPI: 208-343-1030*

### **CERTIFICATION**

I hereby certify, to the best of my knowledge, that all information submitted for this scholarship is complete and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### SUBMIT:

1. Application by fax to (208) 343-1030 or email to [npi.idaho@gmail.com](mailto:npi.idaho@gmail.com).
2. Nurse Practitioner Essay 500 words or less.
3. One letter of recommendation.

All completed applications/material to be submitted electronically to the scholarship committee by the strict deadline date of **JULY 20<sup>th</sup> at 5:00PM**. There will be **no exceptions** to this deadline. Please send to: [npi.idaho@gmail.com](mailto:npi.idaho@gmail.com) or by fax to: (208) 343-1030.