The Institute of Professional Nursing

P.O. Box 1083
Ann Arbor, MI
48106-1083

Email: ipnursing@gmail.com | Website: https://ipnursing.org

Nursing Student Scholarship Nomination Form

Scholarship Amount: **$500**

Application Deadline: *September 30, 2026*

Student Information:

Student Name: _____

Student ID Number (if applicable): _____

Nursing Program: _____

School/College: _____

Expected Graduation Date: _____

Student Email: _____

Student Phone Number: _____

Faculty Nomination:

Faculty Nominator Name: _____

Title/Position: _____

Institution: _____

Department: _____

Email Address: _____

Phone Number: _____

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Scholarship Eligibility Verification:

Please confirm that the student meets the following criteria:

- ☐ Demonstrates financial hardship
- ☐ Is currently enrolled in a nursing program
- ☐ Is in good academic standing
- ☐ Exhibits professionalism and commitment to nursing
- ☐ Is recommended by nursing faculty

Faculty Recommendation Statement:

Please provide a brief statement (250-500 words) describing why you are nominating this student, including examples of academic performance, professional conduct, leadership, service, perseverance, and financial need.
Additional pages may be attached if necessary.

Faculty Certification:

I certify that the information provided on this nomination form is accurate to the best of my knowledge and that I believe this student is deserving of the Institute for Professional Nursing Scholarship.

Faculty Signature: _____ Date: _____

Submission Instructions:

Submit completed nomination forms and supporting materials by: **September 30, 2026**

Email: *ipnursing@gmail.com*

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The recipient will be notified by the Institute for Professional Nursing Scholarship Committee following review of all submitted nominations.