



**ISPN Foundation
Student Annual Conference Travel Scholarship Guidelines**

Purpose:

To provide funding for promising graduate students to attend the ISPN conference.

The \$750 Scholarship awarded may not necessarily cover all expenses

Applicant must:

1. Be a registered nurse with a current license
2. Be a full-or part-time graduate student enrolled in an accredited graduate nursing program leading to a Master's or Doctoral degree in nursing with a focus on psychiatric mental health nursing.
3. Have completed at least half of the graduate course work
4. Be a current ISPN member or join ISPN at the time of this application
5. Have a minimum grade point average of 3.0 (on a 4.0 scale)

Application Includes:

1. Completed Information Form (see attached)
2. Curriculum Vitae
3. Personal statement -- A brief (300-word maximum) written statement that summarizes the reason for applying for the scholarship, academic and personal accomplishments, community service, commitment to psychiatric nursing, goals for your future nursing career, and how attendance at the ISPN conference will help you meet your goals
4. Letter of recommendation from a faculty member or ISPN member. Letter should address applicant's interest in and/or performance in psychiatric mental health nursing
5. Official Transcript or other proof of GPA

Instructions

- Submit as a Word Document or PDF
- Use one inch margins (all sides), Times Roman, Font 12
- Must be written in English

Recipients are expected to:

- Attend the annual ISPN conference (required to receive the scholarship)
- Write a story about how the travel scholarship benefitted you and submit to ispnscholarships@gmail.com within one year of conference.

Completed electronic package should be sent to: ispnscholarships@gmail.com with: **“student travel scholarship application” in the subject line.**

Due Date: November 15.

**ISPN Foundation
Student Travel Scholarship
Applicant Information Form**

Applicant Name: _____

ISPN Membership ID Number: _____

Address: _____

Country: _____

Phone: _____

Email: _____

Name of Nursing School/University: _____

Address of Nursing School/University: _____

Type of Graduate Program: _____

Expected Date of Graduation: _____