

IOWA

College of Nursing

Application for Global Health Initiative in the Netherlands Scholarship Fund

DEADLINE: February 23, 2026, 12 pm

This application is for students who have been admitted to the College of Nursing and are applying for the study abroad Netherlands (Prelicensure: Gerontology Nursing Practicum/RN-BSN:Public Health Nursing Practicum)

Students accepted to the study abroad Netherlands (Prelicensure: Gerontology Nursing Practicum/RN-BSN:Public Health Nursing Practicum) are eligible for this need-based scholarship. If you receive a scholarship, the money will be dispersed at the start of your travel semester.

Please complete this application form and submit it by **e-mail only** to Leah Koppes College of Nursing scholarship coordinator at leah-koppes@uiowa.edu **no later than February 23rd, 2026, at 12 pm.** **Only typewritten and emailed essays will be accepted.** Scholarships of a graduated nature of support are available based on demonstrated financial need. You must be in good academic standing at the time you receive the scholarship award.

Before submitting your application, please check the following:

- Make sure the application is filled out, including the signed release of information form.
- The essay is typewritten, and the application form is typed or neatly printed.
- Make sure that you have a completed FAFSA (free application for federal student aid)

**Please return this application by e-mail to
Leah Koppes College of Nursing scholarship coordinator at
leah-koppes@uiowa.edu**

Application for Global Health Initiative in Netherlands Scholarship Fund

DUE DATE: February 23, 2026, 12 pm

A. DEMOGRAPHIC INFORMATION

Name: _____
Last Name First Name Middle Initial

University ID: _____ Email: _____

Mailing Address: _____
Street City State Zip

Phone: _____ County/State of Residence (e.g. Johnson County, IA): _____

Name the city, county, and state where you spent the majority of your childhood: _____

Current Place of Employment: _____

Univ. of Iowa Cumulative GPA: _____ Nursing GPA: _____

After graduation what area of specialization do you plan to begin your practice? (if you are an RN-BSN student, let us know if you are planning to change your area of specialization or continue in a specific area)

- Pediatric Nursing
- Public Health/Community Nursing
- Gerontological/Geriatric Nursing
- Psych/Mental Health Nursing
- Genetics
- Adult Nursing
- Neonatal Nursing
- Anesthesia Nursing
- Hospice/Palliative Care Nursing
- Informatics
- Nursing Education
- Nursing Administration/Health Systems
- Other:

B. FINANCIAL NEED/BURDEN

Please use the remainder of this page to share (type please) any extenuating circumstances and/or events that affect your financial situation, demonstrating your financial need. Please limit your typed response to the front of this page only. Examples of extenuating circumstances would be a parent/spouse's loss of job, another child in college, illness, medical expenses, paying for college without the support of parents/family, etc.

C. PROFESSIONAL PROMISE

Please use the remainder of this page to describe what you expect to learn from the Practicum experience in the Netherlands and how you hope to use the knowledge gained in your nursing career.

D. ACADEMIC ACHIEVEMENT - Please circle below Yes/no to the service activities *from the past twelve months* in which you have been involved.

- | | | | |
|----|---|-----|----|
| 1) | Have you participated in the College of Nursing Honors Program? | Yes | No |
| 2) | Have you participated in any Honors Independent Study Research Activities? | Yes | No |
| 3) | Have you been selected to be in the Young Scientist Program? | Yes | No |
| 4) | Have you been selected to be a Young Gero Clinician? | Yes | No |
| 5) | Have you been selected to be a Young Pediatric Clinician? | Yes | No |
| 6) | Have you been selected to be a Young Community Nurse Clinician? | Yes | No |
| 7) | Have you participated in The University of Iowa Honors Program?
(ex. Dean's List, President's List, etc.) | Yes | No |
| 8) | Are you a member of Sigma Theta Tau International? | Yes | No |
| 9) | Have you participated in any research or written for publication?
(If yes, please describe below. Please remember that the Young Scientist and Young Gero/Pediatric Clinician program would be applicable here.) | Yes | No |

Name of Project/Publication	Contributions/Activity	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

10) Have you had any international nursing experiences? If so, please list them with the dates below.

E. RELEASE OF INFORMATION

By **typing** my name on the signature line below, I hereby permit the Office of Student Financial Aid to release to the College of Nursing Scholarship Committee the information that the committee needs to determine my eligibility for scholarships available in the College of Nursing. I understand this information includes my ethnic background, calculated financial need, estimated cost of attendance, other grants and scholarships I have been awarded, and information related to my academic performance at The University of Iowa. I further understand that no other information will be provided without my consent. This release is valid for as long as I am a student in The University of Iowa College of Nursing.

Printed Name

Typewritten Signature

University ID

Date