

**The University of Iowa College of Nursing
Young Scientist Program**

Applicant Information:

Name: _____

Home Address: _____

Home Phone: _____

E-mail Address: _____

Campus Address: _____

Campus Phone: _____

Anticipated Graduation Date: _____

Hometown Newspaper: _____

To this application, please attach the following:

- 1) Goal Statement, (no longer than 1 page, 12 point font) describing your interests and professional goals as they relate to nursing research and your reason for interest in the Young Scientist Program.
- 2) Signed Transcript release form (to release your academic record to the YSP advisory committee).

Faculty Endorsement: This endorsement confirms the students potential for nursing research and leadership in nursing.

_____ Date: _____

_____ Date: _____

Send or bring you application and attachments to:

Hartford Center of Geriatric Nursing Excellence
Room 490 Nursing Building

Application deadlines:

November 1 for Spring enrollment in the Young Scientist Program
April 1 for Fall enrollment in the Young Scientist Program.