

The University of Iowa College of Nursing
Young Nurse Educator's Program

Applicant Information:

Name: _____

Home Address: _____

Home Phone: _____

Email Address: _____

Campus Address: _____

Campus or Cell Phone: _____

Anticipated Graduation Date: _____

Hometown Newspaper: _____

To this application, please attach the following:

1. **A Goal Statement** (no longer than one page, at 12-point font) describing your clinical interests and professional goals as they relate to nursing education, and an explanation as to why you are interested in the Young Nurse Educator's Program.
2. **A Signed Transcript Release Form** (to release your academic record to the YNEP advisory committee).

UI College of Nursing Faculty Endorsement: (This endorsement confirms this student's potential for leadership in nursing education.)

_____ Date: _____

_____ Date: _____

Send or bring your application and attachments to:
Anita Stineman
243 CNB

Application Deadlines:
November 1 for spring enrollment in the YNEP Program
April 1 for fall enrollment in the YNEP Program