



Thank you for your interest in applying for a UnityPoint Health – Finley Health Foundation Nursing Scholarship. Scholarships are competitive and all eligible applications will be evaluated fairly and equally. All eligible applicants may not receive funding.

Application Checklist – Required Items		(✓) Complete
<p>It is the applicant’s responsibility to ensure all components of the scholarship application are complete. This checklist is provided to assist the applicant. Failure to submit a complete application may result in the application being deemed ineligible.</p> <p>DO NOT STAPLE OR DOUBLE-SIDE COPY YOUR APPLICATION!</p>		
<p>Scholarship Selection Prior to completing a scholarship application, visit unitypoint.org/DBQScholarships to review the criteria for each scholarship. Check the box for each scholarship you are eligible to apply for on page 3.</p>	<input type="checkbox"/>	
<p>Complete all sections of the Application Form Complete Applicant Information, Education, Financial Need (pages 2-3).</p>	<input type="checkbox"/>	
<p>Essay Provide a one-page, typed essay outlining school activities, community service activities, work experience, honors and professional plans and goals (350-word max). You may use the space provided on page 4 or attach a separate one-page, typed essay.</p>	<input type="checkbox"/>	
<p>Scholarship Luncheon To accept a scholarship, you will be encouraged to attend the Scholarship Luncheon on Friday, April 25 from 11:30 to 1:00 at Dubuque Golf and Country Club, 1800 Randall Place, Dubuque, IA.</p>	<input type="checkbox"/>	
<p>Applicant Signature Sign and date the application (page 5).</p>	<input type="checkbox"/>	
<p>Send completed applications to: UnityPoint Health – Finley Health Foundation Attention: Barbara Potts 350 North Grandview Avenue Dubuque, Iowa 52001</p> <p>Finley Hospital team members may also submit completed applications to the Foundation via inter-office mail.</p> <p>Applications must be postmarked by Thursday, February 27, 2025.</p>		



APPLICATION INFORMATION (please type or print clearly)			
Name (Last, First, Middle Initial)			
Permanent Address	City	State	Zip Code
Phone Number	Email Address		
Date of Birth	Marital Status	# Dependents	
Are you a Finley Hospital team member? <input type="checkbox"/> Yes <input type="checkbox"/> No	Department		
Do you have a family member who is Finley Hospital team member? <input type="checkbox"/> Yes <input type="checkbox"/> No	Department	Relationship/Name	
Have you previously been awarded a Finley Health Foundation Nursing Scholarship? Yes <input type="checkbox"/> No <input type="checkbox"/>	Years Awarded		

EDUCATION			
High School (include address)	GPA	Year Graduated	
College Attended (include address)	GPA	Year Graduated	
College of Nursing Program you have been accepted or are currently enrolled (include address)	Current GPA		
Degree Pursuing	Expected Minor, if applicable	Expected Date of Completion	Full or Part Time



CERTIFICATIONS AND LICENSURES	DATES

SCHOLARSHIP SELECTION	
<p><i>Check all scholarships you are eligible to apply for. Visit unitypoint.org/DBQScholarships for more information about the qualifications for each scholarship.</i></p>	
<input type="checkbox"/> Dr. Peter J. Kearney Scholarship	<input type="checkbox"/> Linda Abitz Nursing Scholarship
<input type="checkbox"/> Edith Kritz Scholarship	<input type="checkbox"/> Judi Butler Memorial Scholarship
<input type="checkbox"/> Ellen and Fred Phelps Nursing Scholarship	<input type="checkbox"/> Carole A. Smith Miller Memorial Scholarship
<input type="checkbox"/> Edward Roy Bartels Legacy Scholarship	<input type="checkbox"/> Finley Hospital School of Nursing Alumni Association Scholarship

FINANCIAL NEED		
<p><i>Complete this section if you are applying for the Edith Kritz, Dr. Peter Kearney or Linda Abitz Nursing Scholarships. Information concerning this financial statement is strictly confidential and shall be used only in determining the need of this applicant.</i></p>		
Your Income for 2024 \$		Parental (or spouse) income for 2024 \$
Other Scholarships/Grants Received \$	# Siblings/Dependents enrolled in college	Personal savings for college \$
<p>I certify the above is an accurate statement of my financial information.</p>		
Signature (Parent/Spouse) <i>if applicable</i>		Date



ESSAY

Provide a one-page, typed essay outlining school activities, community service activities, work experience, honors and professional plans and goals (350-word max).



AGREEMENT

I certify the information contained and attached to this application are true, complete and correct to the best of my knowledge.

I certify that all funds awarded will be used for tuition expenses in the current academic year in which they are awarded.

I authorize UnityPoint Health – Finley Health Foundation to release information concerning my application and photo for purposes of publicity if I am awarded a scholarship.

Applications must be postmarked by 5 p.m. on **Thursday, February 27, 2025**. Completed applications, essay, or other scholarship information received after the due date will result in the application being deemed ineligible. Questions regarding the application and selection process should be directed to Barbara Potts at the Finley Health Foundation – (563) 589-2358 or Barbara.potts@unitypoint.org.

Signature	Date
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