



UnityPoint Health  
St. Luke's Foundation

## St. Luke's School of Nursing Alumni Scholarship 2025 Scholarship Application



The St. Luke's School of Nursing Alumni Association provides scholarships to individuals pursuing a nursing degree at any level. Dollar amounts vary based on funds available and number of scholarships awarded annually.

### To Be Eligible

Candidates must be pursuing a nursing degree (such as LPN, RN, BSN, MSN, DNP or PhD). Recipients must be in one of the following categories with preference given to:

- St. Luke's School of Nursing Alumni
- Children or grandchildren of St. Luke's School of Nursing Alumni
- UnityPoint Health-Cedar Rapids employees

### Submit Application by

**Monday, March 3, 2025**

St. Luke's Foundation  
810 1st Avenue NE, 2nd Floor  
Cedar Rapids, IA 52402

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**Questions regarding the application should be directed to:**

St. Luke's Foundation  
(319) 369-7716  
[CR\\_Foundation@unitypoint.org](mailto:CR_Foundation@unitypoint.org)



All scholarship applications are reviewed for approval by the St. Luke's School of Nursing alumni board.

**APPLICANT INFORMATION**

Name (Last, Maiden, First, Middle Initial)			
Mailing address	City	State	Zip
Phone	Email		
<input type="checkbox"/> Child OR <input type="checkbox"/> Grandchild of alumnus Alumnus name (include maiden)			Alumnus graduation year
<input type="checkbox"/> UPH Employee	UPH Dept or Clinic where employed	Number of years employed at UPH	

**EDUCATION**

College/vocational school attending or plan to attend		
Type of Nursing Degree pursuing		
Length of program (Yrs)	Applicant's status (Yr)	Full or part-time student
Current Cumulative GPA	Annual tuition	Annual room and board

**PAST DIPLOMA/DEGREE**

Institution graduated from	Diploma/degree	Cumulative GPA	Year graduated
Institution graduated from	Diploma/degree	Cumulative GPA	Year graduated

**EMPLOYMENT**

Applicant's present employment	Hrs/wk
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**ESSAYS - Attach a separate page with your response to each item below; 500 words or less for each.**

1. A statement about yourself and your interest in nursing, including your career goals and any specialty areas.
2. Describe financial challenges or obstacle you have faced in pursuing your education and how receiving this scholarship will help alleviate these challenges.

**I HEREBY ACKNOWLEDGE THAT ALL INFORMATION SUBMITTED IS TRUE AND CORRECT.**

Applicant signature	Date submitted
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Please be sure you have completed all of the requested information, including the essay requirements. **INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

Send completed application to: St. Luke's Foundation  
St. Luke's Alumni Scholarship  
810 First Ave NE, 2<sup>nd</sup> floor  
Cedar Rapids, IA 52402