

## St. Luke's Alumni Scholarship

Cedar Rapids, IA 52402

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

APPLICANT INFORMATION											
Name (Last, Maiden, First, Middle Initial)											
			r								
Mailing address					City	City		State		Zip	
		F 11	Email								
Phone		Email									
□ Child OR □ Grandchild of alumnus Alumnus year										ar	
Alumnus name (include maiden)								of graduation			
UPH Loc where em							Number of years				
			employed	iployed			employed at UPH				
EDUCATION											
College/vocational school attending or plan to attend											
Area of study/major (If this is a request for a non-traditional program, enter program name below and attach health care-related course description.)											
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Length of program (Yrs)		Applicant's status (Yr)		Full or part-time stude			ent				
Current GPA			Annual tuition		Annual room and boar			rd			
PAST DIPLOMA/DEGREE											
Institution graduated from				Diploma/degree		Cu	Cumulative GPA		Year	graduated	
Institution graduated from				Diploma/degree			Cumulative GPA		Very graduated		
Institution graduated nom				Dipiona/degree			Cumulative GFA		Year graduated		
Institution graduated from				Diploma/degree		Cu	Cumulative GPA		Year graduated		
									_		
FINANCIAL ASSISTANCE											
Applicant's present employment							Hrs/wk				
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Loans (inclus			de guaranteed student loans)		\$	\$					
Financial assistance available for this year		Grants (I.e. Pell Grant)									
			-		\$						
		Scholarships			\$						
			Amount available			Amount received					
			\$	\$		\$					
				ease attach a written s							
	significant accomplishments, community activities, primary interests, and volunteer work. Include a summary of what you are like as a person and why you feel we should award you this scholarship. (500 words or less)										
I HEREBY ACHNOWLEDGE THAT ALL INFORMATION SUBMITTED IS TRUE AND CORRECT.											
Applicant signature D							ate submitted				
Please be sure you have completed all of the required Send completed application to: St. Luke's Foundation											
information and attached the self description. Attn St. Luke's Alumni Scholarship Incomplete applications will not be considered. 810 First Ave NE, 2 <sup>nd</sup> floor											