



St. Luke's Foundation • St. Luke's Auxiliary Scholarship Program

2025 Scholarship Application for Team Members



2024 St. Luke's Foundation Scholarship Recipients

Foundation Scholarship Program

St. Luke's Foundation Scholarship Program provides scholarships to UnityPoint Health – Cedar Rapids team members pursuing a degree to expand or further their job skills. Dollar amounts vary depending on the award.

To Be Eligible

- Be employed in an eligible UnityPoint Health – Cedar Rapids department. *Please see page 13 for a list of eligible and in-eligible departments.*
- Be a full-time, part-time or PRN employee. *PRN employees must work a minimum of 12 hours a month. Please provide proof of hours worked for the previous three months.*
- Be enrolled in an accredited college or university listed on the application. Please note, this scholarship will be awarded in May 2025. Funds from this scholarship should be used for the student's summer or fall 2025 tuition or spring 2026 tuition.
- Continue to work in an eligible UnityPoint Health – Cedar Rapids department for at least one year.
- Submit application by **Monday, March 3, 2025 at 3 p.m.** to St. Luke's Foundation
810 1st Ave NE, 2nd floor
Cedar Rapids, IA 52402

Questions regarding the application and selection process should be directed to:

Tonya Arnold

(319) 369-7572 • Tonya.Arnold@unitypoint.org



Thank you for your interest in applying for the St. Luke's Foundation & Auxiliary Scholarships. This scholarship is competitive and all eligible applications will be evaluated against a standardized scoring system. All eligible applicants may not receive funding.

APPLICATION CHECKLIST - REQUIRED DOCUMENTS		(✓) COMPLETE
<p>It is the applicant's responsibility to ensure all components of the St. Luke's Foundation & Auxiliary 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>Complete all sections of the Application Form Complete Applicant Information, Education, Employment, Committee Involvement, Leadership Roles and Volunteer Activities (pages 3-6). <i>PRN employees please provide documentation from your manager you worked a minimum of 12 hours a month for the last quarter of 2024.</i></p>		
<p>Essay Please provide a type-written essay on the topics listed on pages 5-6. You may use the space provided or attach a separate one-page, typed statement.</p>		
<p>Transcripts – Originals Only Please Attach official transcript(s) from the college/university where you are currently enrolled and from those you have previously attended. <i>If you have requested a form be submitted on your behalf, it is your responsibility to ensure it will arrive by the application deadline.</i></p>		
<p>College/University Enrollment Attach your acceptance letter from the college or university you are or will be attending.</p>		
<p>Applicant Signature Sign and date the application. (page 6)</p>		
<p>Reference Forms Submit references in sealed envelopes with reference signature on the envelope flap.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Reference Form 1 – Current Manager (pages 7-8) <input type="checkbox"/> Reference Form 2 – Co-worker/Peer (pages 9-10) <input type="checkbox"/> Reference Form 3 – A member of the multi-disciplinary team you work with (pages 11-12) 		
<p>Applications may be mailed via U.S. Post Office, hand-delivered or submitted via inter-office mail.</p>	<p>Attn: Tonya Arnold St. Luke's Foundation Scholarship Program 810 1st Ave NE, 2nd floor Cedar Rapids, Iowa 52402</p>	



APPLICANT INFORMATION Please type or print.

Name (Last, First, Middle Initial)			
Maiden Name/Other Names Used			Phone
Mailing Address	City	State	Zip
UnityPoint Email	Other Email		
Current Department/Clinic	Date of Hire in Current Department (e.g.: Jan. 2010)		
Current Manager	Current Job Title		
If you <input type="checkbox"/> have served or <input type="checkbox"/> currently serve in the United States Armed Forces, please specify branch and rank.			

ENROLLMENT – Attach a copy of your college acceptance letter in addition to completing the information below.

Name of College, University, Trade School or Tech Program			Phone
Address	City	State	Zip
Expected Major	Current GPA		
Program Start Date (Month, Day, Year)	Projected Graduation Date (Month, Day, Year)		

EDUCATION – Attach official transcripts only (no copies) for each institution, in addition to completing the information below.

High School Attended	Graduation Date		
College/University Attended	GPA	Degree Earned	Graduation Date
College/University Attended	GPA	Degree Earned	Graduation Date
College/University Attended	GPA	Degree Earned	Graduation Date



PAST EMPLOYMENT

Name Of Employer	Years Of Employment (e.g.: Jan. 2010-May 2017)
Department	Manager

Job Title

Name Of Employer	Years Of Employment (e.g.: Jan. 2010-May 2017)
Department	Manager

Job Title

ORGANIZATIONAL LEADERSHIP

If applicable, please list and define your **CURRENT** responsibilities in leadership roles throughout the hospital **AND** the number of hours a week you spend on each responsibility. (examples: Charge Nurse - 30 hrs, Preceptor for New Nurses - 6 hrs, BCLS Instructor - 5 hrs, CPI Instructor - 3 hrs, Clinic Vaccine Coordinator - 12 hrs). *Do not use acronyms.*

VOLUNTEER ACTIVITIES

Please list your **CURRENT** volunteer activities (examples: church, schools, community organization). Indicate the scope of each activity and your level of participation.



PROFESSIONAL DEVELOPMENT

Please describe professional development activities you have participated in to improve or advance your career (examples: classes or workshops, attending professional or industry conferences, or earning a certificate to expand knowledge in a chosen field).

ESSAY QUESTIONS

Please provide a type-written essay containing the following. You may use the space provided or attach a separate one-page, typed statement.

A statement about yourself and your interest in nursing/health sciences, including any specialty area interests.

Please describe any financial challenges or obstacles you have faced in pursuing your education, and how receiving this scholarship may help alleviate those challenges.



ESSAY QUESTIONS *(continued)*

Describe your career aspirations and goals.

Every day, healthcare providers touch the lives of their patients. Patients also have a profound effect on their providers. Please share the story of one of your memorable learning experiences – where you were able to make an impact, or an impression was made on you.

TO BE COMPLETED BY APPLICANT

Applications must be received by 3 p.m. on **Monday, March 3, 2025**. Completed applications, transcripts, essay, enrollment information 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 Tonya Arnold at St. Luke's Foundation.

I certify the information contained in this application is true, complete and correct to the best of my knowledge and that all funds will be used for tuition expenses and academic fees in the current year. I hereby authorize the release of personal, scholastic and financial information related to my education status from any academic institution I have attended in the past.

Printed Applicant Name

Signature

REFERENCE FORM 1 - CURRENT MANAGER**I. TO BE COMPLETED BY APPLICANT**

Please use this form to submit a reference completed by a CURRENT MANAGER. *References should not be completed by your family members or friends.* Applicant should complete sections I and II of this form, then provide it to your reference for completion of section III.

Reference should place the completed form in an envelope, seal and sign his/her name across the seal of the envelope. You may want to provide your reference with a self-addressed envelope for this purpose. If the sealed envelope is returned to the applicant, the unopened envelope should be included with your application. The reference form may also be mailed in the sealed and signed envelope directly to the Foundation office:

*St. Luke's Foundation Scholarship Program
810 1st Ave NE, 2nd floor
Cedar Rapids, IA 52402*

To meet the deadline, all documents must be received by **Monday, March 3, 2025**

Printed Applicant Name

Printed Name Of Reference

II. RELEASE OF ACCESS TO THIS LETTER OF RECOMMENDATION

The applicant must complete and sign the following statement before submitting this form to the reference. This request is in compliance with Federal Law P.L. 93-380 (Family Educator Rights and Privacy Act of 1974).

- I waive my right to access this letter of recommendation.
- I do not waive my right to access this letter of recommendation.

Signature Of Applicant

REFERENCE FORM 2 - CO-WORKER/PEER

I. TO BE COMPLETED BY APPLICANT

Please use this form to submit a reference completed by a CO-WORKER or PEER. *References should not be completed by your family members or friends.* Applicant should complete sections I and II of this form, then provide it to your reference for completion of section III.

Reference should place the completed form in an envelope, seal and sign his/her name across the seal of the envelope. You may want to provide your reference with a self-addressed envelope for this purpose. If the sealed envelope is returned to the applicant, the unopened envelope should be included with your application. The reference form may also be mailed in the sealed and signed envelope directly to the Foundation office:

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Signature Of Applicant

REFERENCE FORM 3 - MEMBER OF THE MULTI-DISCIPLINARY TEAM YOU WORK WITH**I. TO BE COMPLETED BY APPLICANT**

Please use this form to submit a reference completed by a MEMBER OF THE MULTI-DISCIPLINARY TEAM YOU WORK WITH (physician, PA, ARNP, social worker, OT, PT, dietitian, care coordinator, nurse, etc.) *References should not be completed by your family members or friends.* Applicant should complete sections I and II of this form, then provide it to your reference for completion of section III.

Reference should place the completed form in an envelope, seal and sign his/her name across the seal of the envelope. You may want to provide your reference with a self-addressed envelope for this purpose. If the sealed envelope is returned to the applicant, the unopened envelope should be included with your application. The reference form may also be mailed in the sealed and signed envelope directly to the Foundation office:

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Signature Of Applicant



UnityPoint Health – Cedar Rapids Entities

Eligible for St. Luke's Foundation & Auxiliary Scholarships

ELIGIBLE UnityPoint Health – Cedar Rapids Entities

- **Abbe Center**
- **Informational Technology**
- **MedLabs**
- **St. Luke's Hospital** (*see listing below*)
- **Surgery Center Cedar Rapids**
- **UnityPoint Clinics**
 - Bowman Woods Family Medicine
 - Cedar Rapids Pediatrics
 - Corridor Family Medicine
 - Diabetes and Kidney Center
 - Express at Lindale
 - Express at Peck's Landing
 - Hiawatha Internal Medicine
 - Hiawatha Pediatrics
 - Hospitalists
 - Marion Family Medicine & Urgent Care
 - Medical District Family Medicine
 - Mount Vernon Family Medicine
 - Multi-Specialty/Wellness
 - Neuro-Surgery
 - Northridge Family Medicine
 - Tower Terrace Family Medicine & Pediatrics
 - Westdale Family Medicine
 - Westdale Pediatrics
 - Westside Urgent Care
- **UnityPoint Outpatient Hospice & Home Care**
- **UnityPoint at Home – Medical Equipment**

ELIGIBLE St. Luke's Hospital Departments

- **Albert G. & Helen Nassif Radiation Center**
- **Administration & Nursing Services**
 - Clinical Informatics
 - Nursing Float Pools
 - Nursing Support
 - Performance Improvement
 - Skin Care Services (IP & OP)
 - Staff Development

- **Behavioral & Mental Health**
 - 1 West
 - 2 East
 - 3 East
 - Adult Partial Hospitalization
 - Behavioral Health Access Center
 - Chemical Dependency
 - Child Protection Center
 - Children's Day Treatment
 - Eating Disorders Service
 - Employee Assistance
 - Family Counseling Center
 - OP Behavioral Health Clinic
 - Recreational Therapy
 - TIES
- **Breast and Bone Health**
- **Cardiology Clinic**
- **Case Management**
- **Clinical Informatics**
- **Dental Health Center**
- **Dialysis**
- **Dining Services/Catering**
- **Emergency Department & Lifeguard**
- **Employee Health**
- **Finance**
 - Cashiering
 - Financial Counseling
 - Medicaid Specialist
 - Patient Access
- **Floral & Gift Shop**
- **Foundation**
- **Human Resources**
- **Imaging Services**
- **Infusion Center**
- **Inpatient Units**
 - 3 SSU
 - 4 Center
 - 4 West
 - 5 Center
 - 6 Center
 - Ed & Joan Hemphill IP Hospice Unit
 - Intensive Care Unit (ICU)
 - Medical Intensive Care Unit (MICU)
- **Laboratory/Pathology**
- **Maintenance/Plant Operations/Support Services**
- **Marketing Department**
- **Medical Admissions Center**
- **Medical Records/Transcription**
- **Medical Staff Services/Physician Liaison**

- **Nassif Heart Center**
 - Diagnostic Cardiology/Heart Holding
 - Cardiac Holding Area
 - Cardiac/Pulmonary Rehab
 - Cardiovascular Lab
 - Echocardiology
 - Electrocardiology (EKG)
 - Electrophysiology Lab
 - Interventional Vascular Lab
- **Nassif Center for Women's & Children's Health**
 - Birth Care Center
 - Neonatal Intensive Care Unit
 - Pediatrics
- **Helen G. Nassif Community Cancer Center**
- **Pharmacy**
- **Physical Medicine & Rehabilitation**
 - 6 West
 - Hospital Therapy Departments
 - Neurodiagnostic Lab
 - Neuropsychology
 - Psychology
 - PMR Clinic
 - Rehab Administration
 - Therapy Plus
 - Witwer Children's Therapy
- **Respiratory Care**
- **Security**
- **Social Services**
- **Spiritual Care**
- **Surgical Services**
 - Digestive Health Center
 - Operating Rooms
 - Post-Anesthesia
 - Surgicare
 - STAR
 - Pain Clinic
 - Sterile Processing
- **Telecommunications**
- **Virtual Nursing**
- **Volunteer Services**
- **Work Well Solutions**
- **Wound Clinic**

IN-ELIGIBLE UnityPoint Health – Cedar Rapids Entities

- **Jones Regional Medical Center; including:**
 - Belle Plaine Family Medicine
 - Clarence Family Medicine
 - Monticello Family Medicine
 - Tipton Family Medicine
 - Vinton/Shellburg Family Medicine
- **Living Center West**
- **St. Luke's Helen G. Nassif Transitional Care Center**

If a department is not listed, please contact Tonya Arnold to verify eligibility.
(319) 369-7572
Tonya.Arnold@unitypoint.org