



UnityPoint Health  
St. Luke's Foundation

## St. Luke's Foundation • Yaw Scholarship

### 2024 Scholarship Application



Robert Yaw

Bob Yaw loved to brag he started his friendship with St. Luke's when he was born at the hospital on December 20, 1913. Mr. Yaw became a leader at St. Luke's when he joined the hospital board. During his tenure, he saw a need for the hospital to have a Foundation. His foresight led to the establishment of St. Luke's Foundation in 1977. He took it upon himself to gather leaders from the Cedar Rapids area to build a Foundation that gave people the opportunity to make contributions and serve the healthcare needs of eastern Iowa. In 1998, he established the Yaw Scholarship to assist children of St. Luke's Team Members.

### To Be Eligible

- The applicant's parent/guardian must be a St. Luke's Team Member working a minimum of 20 hours per week for UnityPoint Health - St. Luke's Hospital. *Please see pages 10 for a list of eligible departments.*
- The applicant must be graduating high school in good academic standing.
- The applicant must have plans to pursue additional education at a college, university or accredited technical business trade school. The applicant does not need to be pursuing a degree in a healthcare related field.
- Submit application by **Monday, March 4, 2024 at 3 p.m.** to St. Luke's Foundation  
810 1<sup>st</sup> Ave NE, 2<sup>nd</sup> floor  
Cedar Rapids, IA 52402

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

**Tonya Arnold**

(319) 369-7572 • [Tonya.Arnold@unitypoint.org](mailto:Tonya.Arnold@unitypoint.org)



Thank you for your interest in applying for the St. Luke's Foundation Yaw Scholarship.  
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><b>It is the applicant's responsibility to ensure all components of the Yaw 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.</b></p> <p><b>DO NOT STAPLE OR DOUBLE-SIDE COPY YOUR APPLICATION!</b></p>	
<p><b>Complete all sections of the Application Form</b> Complete Applicant Information, Education, High School Activities, High School Awards, Community Involvement, Employment and Enrollment (pages 3-4).</p>	
<p><b>Essay</b> Please provide a type-written essay answering the questions on page 5. You may use the space provided or attach a separate one-page, typed statement.</p>	
<p><b>Transcript – Originals Only Please</b> Attach your official high school transcript. <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><b>College/University Enrollment</b> Attach your acceptance letter from the college or university you will be attending.</p>	
<p><b>Applicant Signature</b> Sign and date the application (page 4).</p>	
<p><b>Reference Forms</b> Submit references in sealed envelopes with reference signature on the envelope flap.</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Reference Form 1 – Instructor or Guidance Counselor (pages 6-7)</li><li><input type="checkbox"/> Reference Form 2 – Coach, Employer, Pastor, Youth Leader, or Volunteer Manager (pages 8-9)</li></ul>	
<p><b>St. Luke's Foundation is located at 810 1<sup>st</sup> Ave NE, 2<sup>nd</sup> floor, Cedar Rapids, Iowa 52402.</b> <b>Applications may be mailed via U.S. Post Office, hand-delivered or submitted via inter-office mail.</b></p>	



**APPLICANT INFORMATION** (please type or print)

Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip

Phone

Email

Name of parent/guardian who works at St. Luke's

Department where parent/guardian works

Does parent/guardian work at least 20 hours per week at St. Luke's? ☐ Yes ☐ No

**EDUCATION** – Attach an official high school transcript in addition to completing the information below.

*If you have requested a form be submitted on your behalf, it is your responsibility to ensure it will arrive by the application deadline.*

High school attended and location

GPA

Graduation Date

**HIGH SCHOOL ACTIVITIES** – List involvement in school-sponsored activities (athletics, music, drama, leadership, etc.)

Activity (example: Girls Basketball Team)

Dates (example: Freshman-Senior)

Activity

Dates

Activity

Dates

Activity

Dates

Activity

Dates

**HIGH SCHOOL AWARDS** – List awards received in high school

Award (example: National Council On Youth Leadership)

Dates (example: H.S. Senior)

Award

Dates

Award

Dates

Award

Dates

Award

Dates



**COMMUNITY INVOLVEMENT** – List participation with community, church and/or other organizations.

Activity (example: Volunteer at St. Luke's Hospital)

Dates (example: Junior-Senior)

Activity

Dates

Activity

Dates

**EMPLOYMENT**

Name Of Employer

Dates Of Employment (example: July 2022-May 2023)

Job Title

Name Of Employer

Dates Of Employment

Job Title

**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

Expected Minor

Program Start Date (Month, Day, Year)

Projected Graduation Date (Month, Day, Year)

**TO BE COMPLETED BY APPLICANT**

Applications must be received by 3 p.m. on **Monday, March 4, 2024**. 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 academic year. I authorize St. Luke's Foundation to release information concerning my application for purposes of publicity if I am awarded the Yaw Scholarship.

Printed Applicant Name

Date

Signature



## ESSAY QUESTIONS

*Please provide a type-written essay answering the following questions. You may use the space below or attach a separate one-page, typed statement.*

Bob Yaw was a talented and generous man. He was a philanthropist, entrepreneur, volunteer and community leader. Why are these traits important to our community?

As you begin your educational career as an adult, which trait is most important to you? How will you incorporate this trait while in college and after you graduate from college?



## REFERENCE FORM 1 - INSTRUCTOR OR GUIDANCE COUNSELOR

### I. TO BE COMPLETED BY APPLICANT

Please use this form to submit a reference completed by an INSTRUCTOR OR GUIDANCE COUNSELOR. *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 1<sup>st</sup> Ave NE, 2<sup>nd</sup> floor  
Cedar Rapids, IA 52402

To meet the deadline, all documents must be received by **Monday, March 4, 2024**

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 1 - INSTRUCTOR OR GUIDANCE COUNSELOR

### III. REFERENCE RATING AND EVALUATION

Please rate the applicant's achievement and potential by entering an "X" in the appropriate spaces below.

Skill		Exceptional	Above Average	Average	Below Average	Not Able to Respond
Decision-making ability						
Organizational skills						
Communication skills:	Written					
	Oral					
Adaptability to stress						
Integrity						
Interpersonal sensitivity						
Leadership ability						
Ability to commit to:	Goals					
	Team					

In addition to the rating, please give your evaluation of the applicant. It is important you complete this section. You may want to indicate your perceptions of the applicant's strengths and limitations. *(Attach separate page as needed.)*

**My recommendation is (please check one):** ☐ Highly Recommend ☐ Recommend ☐ Do not recommend

Signature of Reference

Date

Printed Name

Business and Position (if applicable)

Address

Work Phone



REFERENCE FORM 2 - COACH, EMPLOYER, PASTOR, YOUTH LEADER OR VOLUNTEER MANAGER

I. TO BE COMPLETED BY APPLICANT

Please use this form to submit a reference completed by one of the following: Coach, Employer, Pastor, Volunteer Assignment or Youth Leader. *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  
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To meet the deadline, all documents must be received by **Monday, March 4, 2024**

Printed Applicant Name

Printed Name Of Reference

II. RELEASE OF ACCESS TO THIS LETTER OF RECOMMENDATION

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- ☐ 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 - COACH, EMPLOYER, PASTOR, YOUTH LEADER OR VOLUNTEER MANAGER**

### III. REFERENCE RATING AND EVALUATION

Please rate the applicant's achievement and potential by entering an "X" in the appropriate spaces below.

Skill		Exceptional	Above Average	Average	Below Average	Not Able to Respond
Decision-making ability						
Organizational skills						
Communication skills:	Written					
	Oral					
Adaptability to stress						
Integrity						
Interpersonal sensitivity						
Leadership ability						
Ability to commit to:	Goals					
	Team					

In addition to the rating, please give your evaluation of the applicant. It is important you complete this section. You may want to indicate your perceptions of the applicant's strengths and limitations. *(Attach separate page as needed.)*

**My recommendation is (please check one):** ☐ Highly Recommend ☐ Recommend ☐ Do not recommend

Signature of Reference

Date

Printed Name

Business and Position (if applicable)

Address

Work Phone



## UnityPoint Health – Cedar Rapids Entities

Eligible for St. Luke's Foundation Yaw Scholarship

### ELIGIBLE UnityPoint Health – Cedar Rapids Entities

- **St. Luke's Hospital** (see listing below)

### ELIGIBLE St. Luke's Hospital Departments

- **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**
- **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
  - Pediatric Intensive Care Unit
- **Albert G. & Helen Nassif Radiation Center**
- **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**

### IN-ELIGIBLE UnityPoint Health – Cedar Rapids Entities

- **Abbe Center**
- **Jones Regional Medical Center**
- **Living Centers East**
- **MedLabs**
- **St. Luke's Helen G. Nassif Transitional Care Center**
- **Surgery Center Cedar Rapids**
- **UnityPoint Clinics**
  - Belle Plaine Family Medicine
  - Bowman Woods Family Medicine
  - Cedar Rapids Pediatrics
  - Clarence Family Medicine
  - 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
  - Monticello Family Medicine
  - Mount Vernon Family Medicine
  - Multi-Specialty/Wellness
  - Neuro-Surgery
  - Northridge Family Medicine
  - St. Luke's Gastroenterology
  - Tipton Family Medicine
  - Tower Terrace Family Medicine & Pediatrics
  - Vinton/Shellsburg Family Medicine
  - Westdale Family Medicine
  - Westdale Pediatrics
  - Westside Urgent Care
- **UnityPoint Outpatient Hospice & Home Care**
- **UnityPoint at Home – Medical Equipment**

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