



UnityPoint Health
St. Luke's Foundation

2025-2026 Keech Scholarship Application

UnityPoint Health St. Luke's Hospital – Mount Mercy University
RN to BSN Program

The RN to BSN Program

St. Luke's Hospital and Mount Mercy University offer an expedited RN to BSN accelerated curriculum. With this partnership, RN to BSN students can complete the 21 nursing credit hours required by Mount Mercy University's RN to BSN Program in less than one year. Students may take face-to-face or online classes.



To achieve a BSN, Mount Mercy University will require the student to complete core classes. Depending on each student's academic history, this could be a minimum of nine credit hours to as many as 27. Core courses will be the financial responsibility of the student. The student is encouraged to utilize the St. Luke's Hospital Tuition Reimbursement Program and/or apply to St. Luke's Foundation Scholarship Program (timeline is announced annually in January).

After graduation with a BSN Degree, the Keech BSN Scholarship Recipient is required to work two years in a St. Luke's Hospital-Based Department. If the Scholarship Recipient is

unable to fulfill this requirement, they will be expected to pay back the entirety of the scholarship (\$9,181).

The Keech Scholarship

St. Luke's Foundation's Keech Scholarship offsets the expenses for the 21 nursing credit hours. The scholarship's approximate value is \$9,181 per student (\$8,681 for tuition and \$500 for books).

To Be Eligible

- Be currently employed at an eligible St. Luke's Hospital-Based Department. *Please see page 16 for a list of eligible and in-eligible departments.*
- Have 12 months of nursing experience (RN) at time of the application process. *Example: Nurse began employment as an RN in December 2017; Nurse would be eligible to apply for the Keech Scholarship in January 2019.*
- Be accepted to Mount Mercy University's BSN Program.
- Continue to work in an eligible St. Luke's Hospital-Based Department for two years following the graduation of a BSN Degree.

2025 Timeline

- **November 3, 2025 at Noon** – Applications are due to St. Luke's Foundation
- **December 8, 2025** – Retention Agreement is due to Rhapsody Kirkpatrick (see page 14).
- **January 2026** – Classes Begin

RN to BSN Program Contact

Rhapsody Kirkpatrick
Phone: (319) 369-7439
Rhapsody.Kirkpatrick@unitypoint.org

Scholarship Contact

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



Thank you for your interest in applying for the Keech BSN Scholarship. This scholarship is a competitive process and all eligible applications will be evaluated against a standardized scoring system. All eligible applications may not receive funding.

APPLICATION CHECKLIST - REQUIRED DOCUMENTS	(✓) COMPLETE
It is the applicant's responsibility to ensure all components of the application are complete and original. This checklist is provided to assist the applicant. Failure to submit a complete application may result in the application being deemed ineligible. DO NOT STAPLE OR DOUBLE-SIDE COPY YOUR APPLICATION!	
Complete all sections of the Application Form – Originals Only Please Complete Applicant Information, Education, Employment, Organizational Leadership, Volunteer Activities and Professional Development (pages 3-5).	
Essay Please provide a type-written essay on the topics listed on pages 5-7. You may use the space provided or attach a separate one-page, typed statement.	
Transcripts – check appropriate box/line and enclose: ☐ RN transcripts (<i>original documents only</i>) -AND- ☐ Past AND current post-secondary transcripts (<i>original documents only</i>)	
College/University Enrollment Please attach your Mount Mercy University acceptance letter.	
Applicant Signature – read contract, sign and date (page 7) Please Note: By accepting this scholarship, you will be required to continue to work for a St. Luke's Hospital-based department for two years following graduation with a BSN degree. If you are awarded a scholarship, you will be required to sign the Retention Agreement on page 14. (Agreement may be signed and turned in with application or after notification of scholarship.)	
Reference Forms Please submit references in sealed envelopes with reference signature on the envelope flap. References may also be mailed (in sealed and signed envelopes) directly to the Foundation office. ☐ Reference Form 1 – Current Manager (pages 8-9) ☐ Reference Form 2 – Co-worker/Peer (pages 10-11) ☐ Reference Form 3 – A member of the multi-disciplinary team you work with (pages 12-13) (physician, PA, ARNP, social worker, OT, PT, dietitian, care coordinator, nurse, etc.)	
St. Luke's Foundation is located at 810 1st Ave NE, 2nd floor, Cedar Rapids, Iowa 52402. Applications may be mailed via U.S. Post Office, hand-delivered or submitted via inter-office mail.	



All documents submitted must be ORIGINAL. If you have requested an institution to submit a form on your behalf, it is your responsibility to ensure school officials are aware of the application deadline. If you have a question about the scholarship application, please contact Tonya Arnold at (319) 369-7572 or tonya.arnold@unitypoint.org.

APPLICANT INFORMATION (please type or print)

Name (Last, First, Middle Initial)			
Maiden Name/Other Names Used			Phone
Mailing Address	City	State	Zip
Email	Years of Service as an RN or LPN at St. Luke's Hospital		
Current St. Luke's Hospital Department	Date of Hire in Current Department (e.g.: Jan. 2010)		
Current Manager	Current Job Title		
I am employed ☐ Full Time ☐ Part Time ☐ PRN If PRN, how many hours do you work per month?			

EDUCATION

Please submit your original RN transcript and any other original post-secondary transcript(s) for each academic institution attended.
Please remember to list your GPA in the below section.

High School Attended and Location			Graduation Date	
College/University Attended and Location	Dates Attended	GPA	Grad Date	Degree Earned
College/University Attended and Location	Dates Attended	GPA	Grad Date	Degree Earned
College/University Attended and Location	Dates Attended	GPA	Grad Date	Degree Earned



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	

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 an essay answering these three questions. You may use the space provided or attach a separate one-page, typed statement.

Why did you initially choose a career in nursing?



ESSAY QUESTIONS *(continued)*

The goal of the Keech Scholarship is to extend support to nursing students, whose field will enable them to continue to impact the world around them. Through this funding, the mission of Dr. and Mrs. Keech is to *“make available to worthy young people the advantage of an education in nursing for their benefit – in order that they will be in a better position not only to help themselves but to extend their influence to others.”*

Based on this mission, if you are awarded this scholarship, how will it impact you both personally and professionally?

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.



ESSAY QUESTIONS *(continued)*

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

TO BE COMPLETED BY APPLICANT

Applications must be received by NOON on **Monday, November 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.

While this signature on this application is not a legal document, if you are selected as a Keech BSN Scholarship Recipient for the RN to BSN Program, you will be required to sign a Retention Agreement with St. Luke's Hospital. **A copy of this agreement is located on page 14. Accepting this scholarship, you will be required to continue to work for a St. Luke's Hospital-based department for two years following the completion of your BSN degree.**

To achieve a BSN, Mount Mercy University will require the student to complete core classes. Depending on each student's academic history, this could be a minimum of nine credit hours to as many as 27. Core courses will be the financial responsibility of the student. The student is encouraged to utilize the St. Luke's Hospital Tuition Reimbursement Program and/or apply to St. Luke's Foundation Scholarship Program (timeline is announced annually in January).

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 Keech BSN Scholarship Program.

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, November 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



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 - 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:

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, November 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

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 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:

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, November 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



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



RETENTION AGREEMENT

Keech BSN Scholarship: Mount Mercy University RN to BSN Program

PURPOSE: To assist _____ (Student), _____ (position title) ("Student"), with the costs of pursuing their BSN degree and to encourage them to remain in an eligible position for at least 24 months following graduation from the full RN to BSN nursing program through Mount Mercy University ("the Program").

SCHOLARSHIP: The Student will receive a Keech BSN Scholarship through St. Luke's Foundation. This scholarship is generously funded by the Keech family. This scholarship will be in an amount equal to the costs of up to 21 credit hours of tuition, textbooks, and fees associated with the Program. The scholarship funds shall be paid directly to Mount Mercy University. The value of the scholarship is estimated to be \$9,181.

RETENTION PERIOD: In exchange for receipt of the scholarship, the Student agrees to remain employed at an eligible UnityPoint Health – St. Luke's Hospital department, at a full-time or part-time status, throughout the Program and for at least 24 months following graduation from the Program. A list of eligible and ineligible UnityPoint Health – St. Luke's Hospital departments is attached hereto and incorporated herein.

REPAYMENT: If the Student fails to (1) complete the Program, or (2) remain employed at an eligible UnityPoint Health – St. Luke's Hospital department, at a full-time or part-time status, throughout the Program and for at least 24 months following graduation from the Program, the Student must repay the entire amount of scholarship funds received. Such repayment will be required regardless of whether the Student voluntarily resigns from employment or is terminated from employment for prior to completion of the Retention Period. The Student and UnityPoint Health – St. Luke's Foundation agree that this Retention Agreement is not an Employment Agreement, nor should it be construed as providing any guarantee of employment.

Student shall authorize UnityPoint Health – St. Luke's Hospital to deduct the scholarship amount from any wages, including accrued but unused Paid Time Off (PTO), owed to Student. For any remaining balance owed, Student shall make monthly payments to UnityPoint Health – St. Luke's Foundation in a minimum amount of \$775 or as otherwise agreed by the Sr. Director of Operations for St. Luke's Foundation. The first payment shall be due the month following Student's separation of employment and made on or before the first day of each month thereafter until the scholarship has been repaid in full. Student may contact UnityPoint Health – St. Luke's Foundation to authorize payment(s) by debit or credit card. Alternatively, payment(s) shall be delivered to UnityPoint Health – St. Luke's Foundation, Attn: Sr. Director of Operations, 801 1st Ave. NE, Second Floor, Cedar Rapids, IA 52402.

Student shall notify St. Luke's Foundation of Student's place of residence until such time as the scholarship is repaid in full.



(RETENTION AGREEMENT continued)

ATTORNEY FEES: If repayment is not made according to this Retention Agreement, Student understands that UnityPoint Health – St. Luke's Foundation may pursue any legal remedies available to recover such repayment. In the event that UnityPoint Health – St. Luke's Foundation files a lawsuit, UnityPoint Health – St. Luke's Foundation shall be entitled to cover reasonable attorney's fees and costs.

MISCELLANEOUS: The parties agree that the laws of the State of Iowa will govern all matters arising out of or relating to this Retention Agreement. The parties consent to the exclusive jurisdiction of, and venue in, the Iowa District Court located in Linn County, Iowa for the purposes of adjudicating any matter arising out of or relating to this Retention Agreement.

If any provision of this Retention Agreement is determined to be invalid, illegal or unenforceable, the remaining provisions of this Retention Agreement remain in full force and effect. No amendment, waiver, or modification of this Retention Agreement is binding unless it is in a writing that is signed by both parties.

This Retention Agreement constitutes the entire agreement between the parties pertaining to the subject matter hereof and supersedes all prior or contemporaneous negotiations, discussions, understandings, or agreements of the parties in connection with the subject matter hereof.

The Student acknowledges that UnityPoint Health – St. Luke's Foundation has given them the opportunity to review this Retention Agreement with an attorney of their choice. The terms shall not be construed against either party as drafter of the Retention Agreement.

STUDENT

Name (print first, middle initial, last)	Date
Signature	

UNITYPOINT HEALTH – ST. LUKE'S FOUNDATION

Title	Date
Signature	

AUTHORIZATION TO DEDUCT FROM WAGES

I understand and agree that if I do not remain employed at an eligible UnityPoint Health – St. Luke's Hospital department, in a greater than PRN status, throughout the full RN to BSN nursing program through Mount Mercy University and for at least 24 months after receipt of my degree from the Program, then I must repay to UnityPoint Health – St. Luke's Foundation all funds received under this Agreement. I hereby authorize UnityPoint Health to deduct from my wages, including accrued but unused Paid Time Off (PTO), any amount owed under this Agreement.

Signature	Date
-----------	------



ELIGIBLE Departments

- **Administration & Nursing Services**
 - Nursing Support
 - Performance Improvement
 - All Nursing Float Pools
 - Skin Care Services (Inpatient & Outpatient)
- **Behavioral & Mental Health**
 - 1 West
 - 2 East
 - 3 East
 - Child Protection Center
 - Children's Day Treatment
 - Partial Hospitalization
 - Chemical Dependency
- **Breast & Bone Health**
- **Cardiology Clinic**
- **Case Management**
- **Emergency Department & Lifeguard**
- **Imaging Services**
- **Infusion Center (4 East)**
- **Inpatient Units**
 - 3 Center
 - 3 West
 - 4 Center
 - 4 West
 - 5 Center
 - 6 Center
 - Ed & Joan Hemphill IP Hospice Unit (6 East)
 - Intensive Care Unit (ICU)
- **Albert G. and Helen Nassif Radiation Center**
- **Helen G. Nassif Center for Women's and Children's Health**
 - Birth Care Center
 - Neonatal Intensive Care Unit
 - Pediatrics
- **Helen G. Nassif Community Cancer Center**
- **Nassif Heart Center**
 - Diagnostic Cardiology/Heart Holding
 - Cardiac/Pulmonary Rehab
 - Cardiovascular Lab
 - Electrophysiology Lab
 - Interventional Vascular Lab
- **Physical Medicine and Rehabilitation**
 - 6 West
 - PMR Clinic
- **Surgical Services**
 - Digestive Health Center (4 East)
 - Operating Rooms
 - Post-Anesthesia Care Unit
 - Surgicare
 - STAR
 - Pain Clinic
- **Virtual Nursing**
- **Work Well Solutions**

IN-ELIGIBLE Departments

- **Abbe Center**
- **Jones Regional Medical Center**
- **Living Centers West**
- **Transitional Care Center (TCC)**
- **Surgery Center Cedar Rapids**
- **UnityPoint Clinics, including Hospitalist Program and Gastroenterology Clinic**
- **UnityPoint at Home - Home Care and Outpatient Hospice**