UnityPoint Health St. Luke's Foundation

St. Luke's School of Nursing Alumni may apply for \$500 scholarships to continue their education thanks to the Charlene Alleley Revocable Trust. The Academic scholarships do not have to be towards health-related coursework. Scholarships will be awarded according to the school year – usually twice yearly.

St. Luke's School of Nursing Charlene Allely Alumni Scholarship

Individuals seeking CEUs can apply for \$500 scholarships. The CEU scholarships do not have to be towards health-related coursework. Funding may be used towards: registration, travel, lodging, meals (excluding alcohol) during the conference timeframe. Receipts required for reimbursement. Scholarships will be awarded throughout the year.

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

NAME (LAST, MAIDEN, FIRST, MIDDLE	INITIAL)								
MAILING ADDRESS				CITY		s	TATE	ZIP	
HOME PHONE				WORK PHONE		I		1	
STATUS OF APPLICANT (ALUMNUS)									
ALUMNUS YEAR GRADUATED									
EDUCATION									
COLLEGE/VOCATIONAL SCHOOL AT	ITENDING O	R PLAN T	O ATTEND						
AREA OF STUDY/MAJOR (If this is a rea	quest for a nor	n-traditiona	l program, ente <mark>r pr</mark> ograf	m name below and at	tach course	description)			
LENGTH OF PROGRAM (YRS)		APPLICANT'S STATUS (YR)			FULL OR PART TIME STUDENT				
CURRENT GPA ANN			JAL TUITION ANNU			AL ROOM AND BOARD			
PAST DIPLOMA/DEGREE									
INSTITUTION GRADUATED FROM			DIPLOMA/DEGREE			CUMULAT	TIVE GPA	YEAR GRADUATED	
INSTITUTION GRADUATED FROM			DIPLOMA/DEGREE			CUMULATIVE GPA Y		YEAR GRADUATED	
CONTINUING EDUCATION									
NAME OF PROGRAM									
DESCRIPTION OF PROGRAM (Attach of	ourse descrip	tion)							
FINANCIAL ASSISTANCE									
APPLICANT'S PRESENT EMPLOYMENT						HRS/WK			
APPLICANT'S PRESENT EMPLOYMENT					HRS/WK				
FINANCIAL ASSISTANCE AVAILABLE FOR THIS YEAR	LOAN: \$ (include guaranteed student loans)								
	GRANT: \$ (i.e. Pell C				e. Pell Grar	Grant)			
	SCHOLARSHIPS: \$								
LIGIBLE FOR TUITION REIMBURSEMENT? AMOUNT AVAILABL				E	AMOUNT RECEIVED				
			\$			\$			
I HEREBY ACKNOWLEDGE THAT		RMATION	SUBMITTED IS TR	UE AND CORREC	ст.				
APPLICANT SIGNATURE				DATE SUBMITTED					
lease send completed application to		's Founda lely Schol							

Cedar Rapids, IA 52402