

St. Luke's School of Nursing Alumni Scholarship

2026 Scholarship Application



The St. Luke's School of Nursing Alumni Association provides scholarships to individuals pursuing a nursing degree at any level. Dollar amounts vary based on funds available and number of scholarships awarded annually.

To Be Eligible

Candidates must be pursuing a nursing degree (such as LPN, RN, BSN, MSN, DNP or PhD). Recipients must be in one of the following categories with preference given to:

- St. Luke's School of Nursing Alumni
- Children or grandchildren of St. Luke's School of Nursing Alumni
- UnityPoint Health-Cedar Rapids employees

Submit Application by

Monday, February 23, 2026

St. Luke's Foundation
810 1st Avenue NE, 2nd Floor
Cedar Rapids, IA 52402

Questions regarding the application should be directed to:

St. Luke's Foundation
(319) 369-7716
CR_Foundation@unitypoint.org

Thank you for your interest in applying for the St. Luke's Alumni 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 Alumni 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>		
DO NOT STAPLE OR DOUBLE-SIDE COPY YOUR APPLICATION!		
Complete all sections of the Application Form Complete Applicant Information, Education, Employment, Volunteer Activities and Professional Development (pages 3-4). <i>PRN employees please provide documentation from your manager you worked a minimum of 12 hours a month for the last quarter of 2025.</i>		
Essay Please provide a typed essay on the topics listed on pages 5-6. Use the space provided; maximum 200 words per essay.		
Transcripts – Originals Only Please Attach official transcript from the college/university where you are currently enrolled . <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>		
College/University Enrollment Attach your acceptance letter from the college or university you are or will be attending.		
Applicant Signature Sign and date the application. (page 6)		
Reference Forms Submit references in sealed envelopes with reference signature on the envelope flap. <input type="checkbox"/> Reference Form 1 – Current Manager (pages 7-8) <input type="checkbox"/> Reference Form 2 – Co-worker/Peer (pages 9-10)		
Applications may be mailed via U.S. Post Office, hand-delivered or submitted via inter-office mail.	Attn: Tonya Arnold St. Luke's Alumni Scholarship Program 810 1st Ave NE, 2nd floor Cedar Rapids, Iowa 52402	

APPLICANT INFORMATION

Please type or print.

Name (Last, Maiden, First, Middle Initial)			
Mailing Address		City	State
Phone		Email	
<input type="checkbox"/> Child OR <input type="checkbox"/> Grandchild of alumnus Alumnus name (include maiden)			Alumnus graduation year
<input type="checkbox"/> UPH Employee	UPH Dept or Clinic where employed		Number of years employed at UPH

ENROLLMENT – Attach a copy of your college acceptance letter in addition to completing the information below. Attach an official transcript (no copies) from the college where you are currently enrolled.

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

EDUCATION

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	

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.

A statement about yourself and your interest in nursing/health sciences, including any specialty area interests. (200 words max.)

Please describe any financial challenges or obstacles you have faced in pursuing your education, and how receiving this scholarship may help alleviate those challenges. (200 words max.)

ESSAY QUESTIONS *(continued)*

Describe your career aspirations and goals. (200 words max.)

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. What did you learn from this experience? (200 words max.)

TO BE COMPLETED BY APPLICANT

Applications must be received by 3 p.m. on **Monday, February 23, 2026**. 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
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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, February 23, 2026.**

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 - CURRENT 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	

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 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	

UnityPoint Health – Cedar Rapids Entities

Eligible for St. Luke's Alumni 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

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

- **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**
(Downtown & Marion)
- **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
- 5 West
- 6 Center

Ed & Joan Hemphill IP Hospice Unit
Intensive Care Unit (ICU)

- **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/Shellsburg Family Medicine
- **Living Center West**
- **St. Luke's Helen G. Nassif Transitional Care Center**