



UnityPoint Health
St. Luke's Foundation

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

2026 Scholarship Application for Non-Team Members



2025 St. Luke's Auxiliary Scholarship Recipient

St. Luke's Auxiliary provides scholarships to UnityPoint Health – Cedar Rapids volunteers or auxiliaries as well as a child of a UnityPoint Health – Cedar Rapids team member or auxiliary who is pursuing a degree in nursing or other health profession.

To Be Eligible

Applicants must meet one of the first two criteria below:

- Be a Unity Point Health – Cedar Rapids volunteer or auxiliary pursuing a degree in nursing or other health profession.
- Be the child of a UnityPoint Health – Cedar Rapids team member or auxiliary pursuing a degree in nursing or other health profession. Applicant's parent/guardian must work in an eligible UnityPoint Health – Cedar Rapids department. *Please see page 10 for a list of eligible and in-eligible departments.*
- Be enrolled in an accredited college or university listed on the application. Please note, this scholarship will be awarded in May 2026. Funds from this scholarship should be used for the student's summer or fall 2026 tuition or spring 2027 tuition.
- Submit application by **Monday, February 23, 2026 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 St. Luke's Auxiliary Non-Employee 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
It is the applicant's responsibility to ensure all components of the St. Luke's 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.		
DO NOT STAPLE OR DOUBLE-SIDE COPY YOUR APPLICATION!		
Complete all sections of the Application Form Complete Applicant Information, Education, School Activities, Community Involvement, Employment and Enrollment (pages 3-4).		
Essay Please provide a typed essay on the topics listed on page 5. Use the space provided; maximum 200 words per essay.		
Transcript – Originals Only Please Attach your most recent high school or college official 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>		
College/University Enrollment Attach your acceptance letter from the college or university you will be attending.		
Applicant Signature Sign and date the application (page 4).		
Reference Forms Submit references in sealed envelopes with reference signature on the envelope flap. <input type="checkbox"/> Reference Form 1 – Instructor or Guidance Counselor (pages 6-7) <input type="checkbox"/> Reference Form 2 – Coach, Employer, Pastor, Volunteer Assignment or Youth Leader (pages 8-9)		
Applications may be mailed via U.S. Post Office, hand-delivered or submitted via inter-office mail.	Attn: Tonya Arnold St. Luke's Foundation Scholarship Program 810 1 st Ave NE, 2 nd floor Cedar Rapids, IA 52402	



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 UPH-CR or is a member of Auxiliary

Department/clinic where parent/guardian works or volunteers

If you are a volunteer or Auxilian, please list the department where you volunteer

EDUCATION – Attach your most recent high school or college 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

College attended and location (if applicable)

GPA

Dates Attended or Grad Date

SCHOOL ACTIVITIES – List **CURRENT** involvement in high school or college activities (athletics, music, drama, leadership, etc.)

Activity (example: Girls Basketball Team)

Dates (example: H.S. Freshman-Senior)

Activity

Dates

Activity

Dates

Activity

Dates

Activity

Dates

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

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

Dates (example: July 2018-Present)

Activity

Dates

Activity

Dates

Activity

Dates

Activity

Dates



EMPLOYMENT

Name Of Employer	Dates Of Employment (<i>example: July 2017-May 2018</i>)
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Job Title

Name Of Employer	Dates Of Employment
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Job Title

Name Of Employer	Dates Of Employment
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Job Title

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

Name of College or University	Phone
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Address	City	State	Zip
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Expected Major	Expected Minor
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Program Start Date (<i>Month, Day, Year</i>)	Projected Graduation Date (<i>Month, Day, Year</i>)
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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 academic year. I authorize St. Luke's Foundation to release information concerning my application for purposes of publicity if I am awarded the St. Luke's Auxiliary Scholarship.

Printed Applicant Name	Date
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Signature



ESSAY QUESTIONS

Please provide a typed essay answering the following questions in the space provided.

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.)

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



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 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



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, VOLUNTEER ASSIGNMENT OR YOUTH LEADER

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:

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Printed Applicant Name

Printed Name Of Reference

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

Signature Of Applicant



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

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 Auxiliary Scholarship

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** (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/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