

ST. LUKE'S HEALTH CARE FOUNDATION
NURSING & ALLIED HEALTH CAREER SCHOLARSHIP APPLICATION
2011-2012 School Year

Description:

The St. Luke's Health Care Foundation Scholarship Program will provide tuition assistance to individual non-traditional students enrolled in an ADN, BSN or Allied Health Career program. A non-traditional student is one who has entered a health related program three or more years after completing high school.

Scholarship checks will be made jointly to the recipient and his/her college. If the scholarship is not completely used by the end of the semester for which it is awarded, any remaining funds will be returned to the Foundation.

Scholarships will only be awarded once during the 2011-2012 school year.

Eligibility Requirements:

1. Applicant must be a non-traditional student currently enrolled in an ADN, BSN or an Allied Health Career program. (See list on separate page)
2. Applicant must show progress toward successful completion of the first year of an ADN or Allied Health program or a clinical nursing course in a BSN program.
3. Applicant must provide evidence of academic achievement through a current college transcript, on which the cumulative grade point is recommended at 2.5 or above.
4. Applicant must provide evidence of impending or satisfactory clinical practice in the nursing programs.
5. Applicant must provide evidence of a permanent address in an area within approximately a fifty mile radius of St. Luke's Hospital, Cedar Rapids.
6. Applications must be completed in a typed format.

NOTE: If you elect to take fewer hours than stated in the application the Foundation reserves the right to reduce the scholarship on a pro rated basis.

For more information, please contact:

St. Luke's Health Care Foundation
Phone: 319-369-7716
Fax: 319-369-8822
e-mail: newlankl@crstlukes.com

The application must be submitted by April 10, 2011 to:

Grants Committee
St. Luke's Health Care Foundation
855 A Avenue NE Ste 105

Cedar Rapids, IA 52402

ALLIED HEALTH CAREER PROGRAM LIST

Audiologist
Cytotechnologist
Dental Assistant
Dental Hygienist
Diagnostic Medical Sonographer
Electroneurodiagnostic Technologist
Paramedic
Histologic Technician Technologist
Medical Assistant
Medical Laboratory Technician (Associate Degree)
Medical Laboratory Technician (Certificate)
Medical Record Administrator
Medical Record Technician
Medical Technologist
Nuclear Technologist
Nuclear Medicine Technologist
Occupational Therapist
Occupational Therapy Assistant
Perfusionist
Pharmacy Tech
Physical Therapy
Physical Therapy Assistant
Radiographer
Respiratory Therapist
Respiratory Therapy Tech
Speech Pathologist
Specialist in Blood Bank Technology
Surgical Technologist

PROCEDURES

ST. LUKE'S HEALTH CARE FOUNDATION MERIT SCHOLARSHIP PROGRAM

NON-TRADITIONAL APPLICATION

Instructions for completing application.

1. Application is to be completed by applicant.
2. Please type or print clearly.
3. Send the completed application and **attach** the following:
 - a. A short biographical essay which includes:
 1. Professional goals and future plans
 2. School/community activities
 3. Honor/achievements
 4. Financial needs, if any
 - b. Three reference forms from individuals other than family. One reference for nursing applicants must be a clinic instructor. Allied Health applicants must have reference from an Allied Health faculty member.
 - c. Official college transcript.
4. Send to:

Grants Committee
St. Luke's Health Care Foundation
855 A Avenue NE Ste 105
Cedar Rapids IA 52402

Application deadline is April 10, 2011
Awarding date will be the week of May 5, 2011

**ST. LUKE'S HEALTH CARE FOUNDATION
NURSING & ALLIED HEALTH CAREER SCHOLARSHIP
APPLICATION
2011-2012 School Year**

Social Security No. _____ Today's Date: _____

Complete Legal Name: _____
Last First Middle

Legal Permanent Mailing Address: _____
Street & Number

City or Town: _____

County: _____ State: _____ ZIP: _____ Phone _____

Are you employed: _____ Full-time _____ Part-time

Place of Employment _____

Job Description _____

Supervisor: _____

Year of graduation from high school _____

College you are now attending _____

Are you enrolled as a: _____ Full-time _____ Part-time student Current # of Sem. hours _____

Cost per semester hour _____

Have you completed or are you enrolled in a nursing clinical course? _____ Date: _____

Please designate: _____ ADN _____ BSN _____ Allied Health: Name of Program _____

Other(Describe) _____

Number of class hours per semester you anticipate taking during the 2010-11 school year _____.

Cumulative grade point average _____

Number of class hours completed to date _____ Expected date of graduation: _____

List previous degrees/diplomas and date you were awarded them:

Have you previously applied for this scholarship? _____ Did you receive one? _____ When? _____

Scholarships are provided for this program through individual donations to the St. Luke's Health Care Foundation. One purpose of the scholarships is to ensure a pool of qualified personnel for the future of St. Luke's Methodist Hospital.

While your signature on this application is not a legal contract, it is the hope of the Foundation Grants Committee, and the donors who made these funds available, that you will give serious consideration to employment at St. Luke's if a mutually acceptable position is available upon graduation. In that way, you will honor both the spirit of their generosity and the institution that will facilitate this gift if you are chosen for an award.

I also certify that all information I have supplied on this application and any supporting documents is true, accurate and complete.

Your Signature

ATTACH:

Biographical Essay
Three completed reference forms
An official college transcript

**ST. LUKE'S HEALTH CARE FOUNDATION
MERIT SCHOLARSHIP PROGRAM**

1. Applicant's Name _____

2. How long have you known the applicant? _____

3. In what capacity have you known the applicant? _____
(employer, teacher, etc.)

4. Please rate the applicant on the following characteristics:

	Excellent	Above Average	Average	Below Average	Poor
Probability of Success	_____	_____	_____	_____	_____
Dependability	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____
Ability to get along with others	_____	_____	_____	_____	_____
Communication Skills	_____	_____	_____	_____	_____

5. Do you feel this applicant is deserving of a scholarship? Yes _____ No _____

6. What indication can you give of the student's desire to enter nursing or allied health profession?

7. General comments: _____

Signed _____ Date _____

The above information will be kept strictly confidential.

Deadline is April 10, 2011