

2018

Keech Scholarship Application for the St. Luke's Hospital – Mount Mercy University RN to BSN Program

The Program:

In 2018, St. Luke's Hospital and Mount Mercy University will provide an on-site expedited RN to BSN curriculum. With this partnership, RN to BSN students are able to complete the 21 nursing credit hours required by Mount Mercy University's RN to BSN program in less than a year.

Ten students will be selected to complete the required 21 nursing credit hours through completion of six courses that will run for 5-week sessions. The classes will be held at St. Luke's Hospital.

The Scholarship:

The Keech Scholarship, managed by St. Luke's Foundation, offsets the tuition expenses for the 21 nursing credit hours (approximately \$7,560 per student) for 10 deserving eligible students. Established in 1969 with funds from the estates of Dr. Roy K. and Bess Keech, this scholarship extends support to nursing students, whose field will enable them to continue to impact the world around them. Dr. and Mrs. Keech's mission through this funding, it 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.

To Be Eligible For The Keech Scholarship You Must:

- Be currently employed at St. Luke's Hospital in one of the eligible departments. See page 14 for this list.
- Be accepted to Mount Mercy University's BSN program.
- Continue to work in a St. Luke's Hospital eligible department for two years following the completion of your BSN Degree.

Timeline

- **October 2, 2017 at 3 p.m.** – Applications are due to St. Luke's Foundation
- **Week of November 13, 2017** – Scholarship Selection Committee will meet to determine scholarship recipients
- **December 1, 2017** – Retention Agreement is due back to Rebecca Moore
- **January 2, 2018** – CLASSES BEGIN



UnityPoint Health
St. Luke's Foundation



UnityPoint Health
St. Luke's Hospital



RN-BSN Program Contact
Rebecca Moore

Phone: (319) 369-7007

Email: rebecca.moore2@unitypoint.org

Scholarship Contact
Tonya Arnold

Phone: (319) 369-7572

Email: Tonya.Arnold@unitypoint.org

Thank you for your interest in applying to St. Luke's Foundation's Keech Scholarship Program. The scholarship program is a competitive process and all eligible applications will be evaluated against a standardized scoring system. All eligible applications may not receive funding. **It is the applicant's responsibility to ensure all components of the application are complete and original. Below is the application checklist of required documents for your reference.**

APPLICATION CHECKLIST - REQUIRED DOCUMENTS	(✓) COMPLETE
<p>Complete all sections of the Application Form – Originals Only Please Complete Applicant Information, Education, Employment, Organizational Committees, Organizational Leadership and Volunteer Activities (Page 3-5).</p>	
<p>Transcripts: Check appropriate box/line and enclose:</p> <p><input type="checkbox"/> Original RN transcript</p> <p>-AND-</p> <p><input type="checkbox"/> Any other original post-secondary transcript(s)</p>	
<p>College/University Enrollment Section: Please attach your Mount Mercy University acceptance letter.</p>	
<p>Essay: In 750 words or less, please answer the following questions:</p> <ol style="list-style-type: none"> As you are going through the RN-BSN Program, why is this degree important for you as a clinical nurse, caring for our patients and their families? Following the completion of your BSN Degree, you are expected to work in a department of St. Luke's Hospital for two years. How will your BSN degree assist you in your: <ul style="list-style-type: none"> Clinical assessment skills Independent, critical thinking skills Communication skills with physicians, co-workers as well as the patient and their family Opportunities to engage and/or lead in the hospital 	
<p>Applicant Section: – read contract, sign and date (Page 6). <i>Please Note: Accepting this scholarship, you will be required to continue to work for St. Luke's Hospital for two years following the completion of your BSN degree. Please see page 13 for a copy of the Retention Agreement you will be required to sign.</i></p>	
<p>Reference Forms: Enclosed are the references in sealed envelopes with reference signature on envelope flap.</p> <ul style="list-style-type: none"> Reference Form #1 – Current Manager Reference From #2 – Co-worker/Peer Reference Form #3 – A member of the multi-disciplinary team you work with (physician, PA, ARNP, social worker, OT, PT, dietitian, care coordinator, nurse, etc.) 	
<p>St. Luke's Foundation is located in the Medical Office Plaza at 855 A Avenue NE, Suite 105. Applications may be mailed via U.S. Post Office, hand-delivered or via inter-office mail.</p>	

Application Deadline – Due by Monday, October 2, 2017

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.

Please type or print

APPLICANT INFORMATION <i>(please print)</i>				
NAME (LAST, FIRST, MIDDLE INITIAL)				
MAIDEN NAME/OTHER NAMES USED			TELEPHONE NUMBER	
CURRENT MAILING ADDRESS	CITY	STATE	ZIP	
E-MAIL ADDRESS				
PERMANENT MAILING ADDRESS	CITY	STATE	ZIP	
EDUCATION				
Please submit all original official transcripts (no copies) for each secondary and post-secondary academic institution attended. Note: If you have a GED, include the original transcript with signature. High School transcripts are not needed if proof of 60 college credit hours with grades and GPA are sent.				
Circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College: 1 2 3 4				
High School Attended and Location			Graduation Date	
College/University Attended and Location	Dates Attended	GPA	Graduation Date	Degree Earned
College/University Attended and Location	Dates Attended	GPA	Graduation Date	Degree Earned
College/University Attended and Location	Dates Attended	GPA	Graduation Date	Degree Earned

St. Luke's Foundation Keech Scholarship Program

EMPLOYMENT	
NAME OF EMPLOYER	YEARS OF EMPLOYMENT
DEPARTMENT	MANAGER
JOB TITLE	
NAME OF EMPLOYER	YEARS OF EMPLOYMENT
DEPARTMENT	MANAGER
JOB TITLE	
NAME OF EMPLOYER	YEARS OF EMPLOYMENT
DEPARTMENT	MANAGER
JOB TITLE	
NAME OF EMPLOYER	YEARS OF EMPLOYMENT
DEPARTMENT	MANAGER
JOB TITLE	
NAME OF EMPLOYER	YEARS OF EMPLOYMENT
DEPARTMENT	MANAGER
JOB TITLE	

ORGANIZATIONAL COMMITTEES

Please list your **current** involvement with committees.

Unit/Department (Example: Unit Practice Council, SuperUser for EPIC, NICU Evidence Based Practice Committee)

Hospital-Wide (Example: Skin Care Committee, Patient Care Council, Patient Throughput Committee)

System-Wide (Example: UnityPoint Health® Cardiac Affinity Group, UnityPoint Health® – Professional Nurse Practice Council)

ORGANIZATIONAL LEADERSHIP

Please list your **current** involvement in leadership roles (Example: Precept new staff, Charge Nurse)

VOLUNTEER ACTIVITIES

Please list your volunteer activities (Examples: church, schools, community). Indicate the scope of each activity and your level of participation.

TO BE COMPLETED BY APPLICANT

Applications must be received by 3 p.m. on Monday, October 2, 2017. 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.

While this signature on this application is not a legal document, if you are selected as a Keech 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 13.

In addition to nursing credit hours, Mount Mercy University will require you to complete core classes to achieve your degree. Depending on your academic history, this could be a minimum of nine credit hours, to as many as 27. These core courses will be taught on Mount Mercy's campus and not at St. Luke's. Core courses will be your financial responsibility with St. Luke's Hospital tuition reimbursement and St. Luke's Foundation scholarships available to pursue.

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 OF APPLICANT

REFERENCE FORM #1 - Current Manager

I. TO BE COMPLETED BY APPLICANT

Please use this form for submitting references. Three (3) references (separate forms are attached) are required including at least one reference from an instructor or an employer/supervisor. References should not include family members or friends.

Please remind your references to return this form to you or to mail the reference (in a sealed and signed envelope) to:

St. Luke's Foundation Scholarship Program
855 A Avenue NE, Suite 105
Cedar Rapids, IA 52402

To meet the deadline all documents must be received by Monday, October 2, 2017.

Complete this portion of the form and then provide it to your reference for completion and return to you or directly to St. Luke's Foundation. You may want to provide your reference with a self-addressed envelope. Enclose the returned reference form in its sealed envelope with your application.

PRINTED APPLICANT NAME

PRINTED NAME OF REFERENCE

II. RELEASE OF ACCESS TO THIS LETTER OF RECOMENDATION

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

III. SUMMARY SHEET TO BE COMPLETED BY THE REFERENCE

Instructions for the person making the recommendation:

- Review Sections I and II to ensure applicant has provided the necessary information.
- Complete the remainder of the form.
- Place the completed recommendation in an envelope, seal and sign your name across the seal of the envelope. Return the form to the applicant. The applicant will return the sealed envelope with his or her application.

REFERENCE FORM #1 - Current Manager

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.

Please (✓) check one:

My recommendation is: Highly Recommend Recommend Do not recommend

SIGNATURE OF THE REVIEWER MAKING THE RECOMMENDATION

DATE

PRINTED NAME

BUSINESS AND POSITION (IF APPLICABLE)

ADDRESS

WORK TELEPHONE NUMBER

REFERENCE FORM #2 - Co-Worker/Peer

I. TO BE COMPLETED BY APPLICANT

Please use this form for submitting references. Three (3) references (separate forms are attached) are required including at least one reference from an instructor or an employer/supervisor. References should not include family members or friends.

Please remind your references to return this form to you or to mail the reference (in a sealed and signed envelope) to:

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REFERENCE FORM #2 - Co-Worker/Peer

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.

Please (✓) check one:

My recommendation is: Highly Recommend Recommend Do not recommend

SIGNATURE OF THE REVIEWER MAKING THE RECOMMENDATION

DATE

PRINTED NAME

BUSINESS AND POSITION (IF APPLICABLE)

ADDRESS

WORK TELEPHONE NUMBER

All information is confidential and for programmatic purposes only.

**REFERENCE FORM #3 -A MEMBER OF THE MULTI-DISCIPLINARY
TEAM YOU WORK WITH (see page 2 for examples)**

I. TO BE COMPLETED BY APPLICANT

Please use this form for submitting references. Three (3) references (separate forms are attached) are required including at least one reference from an instructor or an employer/supervisor. References should not include family members or friends.

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PRINTED APPLICANT NAME

PRINTED NAME OF REFERENCE

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**REFERENCE FORM #3 - A MEMBER OF THE MULTI-DISCIPLINARY
 TEAM YOU WORK WITH (see page 2 for examples)**

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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.

Please (✓) check one:

My recommendation is: Highly Recommend Recommend Do not recommend

SIGNATURE OF THE REVIEWER MAKING THE RECOMMENDATION

DATE

PRINTED NAME

BUSINESS AND POSITION (IF APPLICABLE)

ADDRESS

WORK TELEPHONE NUMBER

**Keech Scholarship: Mount Mercy University RN to BSN Program
RETENTION AGREEMENT**

PURPOSE: To encourage _____ (Associate), _____ (position title), to remain in his/her position/status or in another position at an eligible UnityPoint Health – St. Luke's Hospital department for a period of 24 months from graduation of the full RN to BSN Nursing Program through Mount Mercy University.

RETENTION AGREEMENT: The Associate will receive a Keech Scholarship through St. Luke's Foundation and funded by the Keech family which will cover the expenses for the nursing curriculum provided by Mount Mercy University's RN to BSN program (21 nursing credit hours). Value of the scholarship is estimated to be \$7,560.

RETENTION PERIOD: The Associate will be expected to remain in his/her current position/status or in another position at an eligible UnityPoint Health – St. Luke's Hospital department for a 24 month period from graduation of the full RN to BSN Nursing Program through Mount Mercy University. This includes nursing and non-nursing courses required by Mount Mercy University to complete the Bachelor of Nursing Degree. If the Associate does not comply with this requirement, it will be necessary to pay back the scholarship funds in its entirety. Repayment shall be made in accordance with mutually agreed upon terms. If the Associate elects to terminate prior to the end of the 24 month period, repayment may be deducted from the Associate's Paid Leave balance that is paid upon termination.

RETENTION ACCEPTANCE AGREEMENT

I understand and agree that I must remain in my current position/status or in another position at an eligible UnityPoint Health – St. Luke's Hospital department for a 24 month period from graduation of the full RN to BSN Nursing program through Mount Mercy University as described above. If I do not meet the 24-month requirement, I authorize UnityPoint Health - St. Luke's Hospital to deduct the required repayment from my next/final paycheck. If the payroll deduction would violate minimum wage laws, or if insufficient funds are available, I will make repayment arrangements with St. Luke's Foundation.

Name (print first, MI, last)

Signature

Date

*Please see the next page for a list of eligible and in-eligible departments.

ELIGIBLE Departments:

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

IN-ELIGIBLE Departments:

- Abbe Center
- Jones Regional Medical Center
- Living Centers East and West
- Outpatient Hospice & Home Care
- Surgery Center Cedar Rapids
- UnityPoint Clinics, including Hospitalist Program