

St. Luke's Foundation The Louisa E. Peak Scholarship

2018 Scholarship Application

Louisa Peak devoted her life to children and volunteering. Louisa was a long time teacher in the Cedar Rapids Community School District. She spent most of her career teaching and nurturing junior high (or middle school) students.

While she was a teacher, Louisa also became an active volunteer in school activities, the community and at St. Luke's Hospital. When she retired, Louisa volunteered at St. Luke's Hospital 40 hours a week as well as volunteering at her church, with older adult groups and politics.

Louisa Peak was St. Luke's first 10,000 hour volunteer in 1978.

When Louisa Peak passed away in 1981, her family created a scholarship in her honor. The Louisa E. Peak Scholarship was created to pay tribute to her two life interests:

- Children
- Volunteering

Annually, since 1981, St. Luke's Foundation and St. Luke's Volunteer Service Department have been awarding this scholarship to deserving student volunteers.

To be eligible:

- The applicant must be an active student volunteer in good standings at St. Luke's Hospital.
- The applicant must be a graduating high school senior in good academic standing.
- The applicant must plan to enter a humanistic occupation such as teaching, healthcare or social work.
- The applicant must complete the application form and write a 300-word essay entitled "*Benefits Gained from My Experience as a Volunteer at St. Luke's Hospital.*"



Thank you for your interest in applying for the Louisa E. Peak Scholarship. 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.**

It is the applicant's responsibility to ensure all components of the Louisa E. Peak Scholarship application are complete. This checklist is provided to assist the applicant. Failure to submit a completed application may result in the application being deemed ineligible. **Sign, date and return the completed checklist with the application and attachments.**

PRINTED NAME OF APPLICANT

APPLICANT SIGNATURE	DATE
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APPLICATION CHECKLIST - REQUIRED DOCUMENTS	(✓) COMPLETE
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Complete all sections of the Application Form – Originals Only Please Complete Applicant Information (Pages 2)	
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Education: Please attach a copy of your most recent high school transcript. (Page 2)	
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High School Activities: Please list your involvement in school-sponsored activities. (Page 2-3)	
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High School Awards: Please list Awards you have received. (Page 4)	
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Community Involvement: Please list your participation with community, church and/or other organizations. (Page 4)	
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Employment: (Page 5)	
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College Enrollment: Please attach a copy of your college acceptance letter. (Page 5)	
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Essay: Please attach a typewritten statement not to exceed 300 words describing the benefits gained through your experience as a St. Luke's volunteer. (Page 6)	
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Applicant Section: Read, sign and date (Page 6)	
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Reference Forms: Enclosed are the references in sealed envelopes with reference signature on envelope flap.	
<ul style="list-style-type: none"> • Reference Form #1 – High school Instructor or Guidance Counselor (7-8) • Reference Form #2 – Personal Reference (other than friend/family) (Page 9-10) 	

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 (PLEASE PRINT)

NAME (LAST, FIRST, MIDDLE INITIAL)			
CURRENT MAILING ADDRESS	CITY	STATE	ZIP
EMAIL ADDRESS	PHONE NUMBER		
DATE BEGAN VOLUNTEERING AT ST. LUKE'S HOSPITAL	VOLUNTEER HOURS CONTRIBUTED TO DATE AT ST. LUKE'S HOSPITAL		
WHERE DO YOU VOLUNTEER AT IN ST. LUKE'S HOSPITAL?			

EDUCATION

Please attach a copy of your most recent high school transcript. *If you have requested your high school to submit a form on your behalf, it is your responsibility to ensure school officials are aware of the application deadline.*

HIGH SCHOOL ATTENDED AND LOCATION	GRADUATION DATE
GRADE POINT AVERAGE	

HIGH SCHOOL ACTIVITIES

Please list your involvement in school-sponsored activities (athletics, music, drama and etc.)

ACTIVITY (EXAMPLE: GIRLS BASKETBALL TEAM)	DATES (EXAMPLE: FRESHMAN – SENIOR YEAR)
ACTIVITY	DATES
ACTIVITY	DATES
ACTIVITY	DATES
ACTIVITY	DATES

HIGH SCHOOL AWARDS

Please list Awards you have received.

AWARD (<i>EXAMPLE: NATIONAL COUNCIL ON YOUTH LEADERSHIP</i>)	DATES (<i>EXAMPLE: SENIOR YEAR</i>)
AWARD	DATES
AWARD	DATES
AWARD	DATES
AWARD	DATES
AWARD	DATES
AWARD	DATES
AWARD	DATES

COMMUNITY INVOLVEMENT

Please list your participation with community, church and/or other organizations.

ACTIVITY (<i>EXAMPLE: VOLUNTEER AT ST. LUKE'S HOSPITAL</i>)	DATES (<i>EXAMPLE: JUNIOR – SENIOR YEAR</i>)
ACTIVITY	DATES
ACTIVITY	DATES
ACTIVITY	DATES
ACTIVITY	DATES
ACTIVITY	DATES
ACTIVITY	DATES

EMPLOYMENT

NAME OF EMPLOYER

START DATE

JOB TITLE

NAME OF EMPLOYER

START DATE

JOB TITLE

NAME OF EMPLOYER

START DATE

JOB TITLE

ENROLLMENT

Please complete and attach a copy of your college acceptance letter.

NAME OF INSTITUTION

ADDRESS (STREET, CITY, STATE, ZIP)

TELEPHONE

WHAT IS YOUR EXPECTED MAJOR?

WHAT IS YOUR EXPECTED MINOR?

PROGRAM START DATE

PROJECTED GRADUATION DATE

/ /

/ /

MONTH/DATE/YEAR

MONTH/DATE/YEAR

ESSAY

Please attach a typewritten statement not to exceed 300 words describing the benefits gained through your experience as a St. Luke's Hospital Volunteer.

TO BE COMPLETED BY APPLICANT

Mail the completed application to:

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

Applications must be received by 4 p.m. on Friday, March 2, 2018. Completed applications, transcripts, enrollment information, or other scholarship information received after March 2, 2018 will result in the application being deemed ineligible. Question regarding the application and selection process should be directed to Tonya Arnold, at St. Luke's Foundation (Tonya.Arnold@unitypoint.org or (319) 369-7572).

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 Louisa E. Peak Scholarship.

SIGNATURE OF APPLICANT

DATE

TELEPHONE NUMBER

All information is confidential and for programmatic purposes only.

I. TO BE COMPLETED BY APPLICANT

Please use this form for submitting references. Two (2) references (separate forms are attached) are required. 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
Louisa E. Peak Scholarship
855 A Avenue NE, Suite 105
Cedar Rapids, IA 52402

To meet the deadline all documents must be received by Friday, March 2, 2018.

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.

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

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Integrity					
Interpersonal sensitivity					
Leadership ability					
Ability to commit to					
Goals					
Team					

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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.