



St. Luke's Foundation • Louisa E. Peak Scholarship 2020 Scholarship Application



Louisa E. Peak
volunteering at
St. Luke's Hospital

Louisa Peak was a teacher in the Cedar Rapids Community School District. She spent most of her career teaching and nurturing middle school students. While she was a teacher, Louisa became an active volunteer in school activities, community and at St. Luke's Hospital. When she retired, Louisa volunteered at St. Luke's for 40 hours a week. Louisa Peak was St. Luke's first 10,000 hour volunteer in 1978. When Louisa passed away in 1981, her family created a scholarship in her honor to pay tribute to her two life interests: Children and Volunteering.

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.

Timeline

- **January 2, 2020** – Application is released
- **March 2, 2020 at 4 p.m.** – Application is due to St. Luke's Foundation
- **April 2020** – Volunteer Recognition
(*Louisa E. Peak Scholarship Recipients will be honored at this event*)


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 the St. Luke's Foundation Louisa E. Peak 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
<p>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 complete application may result in the application being deemed ineligible.</p>	
<p>Complete all sections of the Application Form Complete Applicant Information, Education, High School Activities, High School Awards, Community Involvement, Employment and Enrollment (pages 3-6).</p>	
<p>Transcript – Originals Only Please Attach your official high school transcript. <i>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.</i></p>	
<p>College/University Enrollment Attach your acceptance letter from the college or university you will be attending.</p>	
<p>Essay In 750 words or less, please provide a type-written essay answering the following questions:</p> <ol style="list-style-type: none"> Louisa Peak dedicated her life to helping and serving others. She was a teacher, community volunteer and advocate (for teachers, students and the education system). Why is it important to have people like Louisa in our community? If Louisa was still volunteering today at St. Luke's Hospital, how would you describe to her the benefits and lessons you have gained and learned through being a St. Luke's Volunteer? 	
<p>Applicant Signature Sign and date the application (page 6).</p>	
<p>Reference Forms Submit references in sealed envelopes with reference signature on the envelope flap.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Reference Form 1 – Instructor or Guidance Counselor (pages 7-8) <input type="checkbox"/> Reference Form 2 – Coach, Employer, Pastor, Youth Leader, Volunteer Manager at St. Luke's Hospital, or other Volunteer Manager (pages 9-10) <i>A St. Luke's Volunteer Manager is the student's contact when he/she is working, not the Volunteer Coordinator from the Volunteer Service Department.</i> 	
<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 submitted via inter-office mail.</p>	



APPLICANT INFORMATION (please type or print)

Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip

Phone

Email

Date began volunteering at St. Luke's Hospital

Volunteer hours contributed at St. Luke's Hospital

Where do you **CURRENTLY** volunteer at St. Luke's Hospital?

EDUCATION

Attach a copy of your official high school transcript. *If you have requested your 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

GPA

Graduation Date

HIGH SCHOOL ACTIVITIES

List your involvement in school-sponsored activities (athletics, music, drama, leadership, etc.)

Activity (example: Girls Basketball Team)

Dates (example: Freshman-Senior)

Activity

Dates

Activity

Dates

Activity

Dates

Activity

Dates

Activity

Dates

Activity

Dates



HIGH SCHOOL AWARDS

List awards received in high school

Award (example: National Council On Youth Leadership)

Dates (example: H.S. Senior)

Award

Dates

Award

Dates

Award

Dates

Award

Dates

Award

Dates

Award

Dates

COMMUNITY INVOLVEMENT

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

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

Dates (example: Junior-Senior)

Activity

Dates

Activity

Dates

Activity

Dates

Activity

Dates

Activity

Dates

Activity

Dates

Activity

Dates



EMPLOYMENT

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

ENROLLMENT

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

Name of College or University	Phone		
Address	City	State	Zip
Expected Major	Expected Minor		
Program Start Date (<i>Month, Day, Year</i>)	Projected Graduation Date (<i>Month, Day, Year</i>)		

TO BE COMPLETED BY APPLICANT

Applications must be received by 4 p.m. on **Monday, March 2, 2020**. 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 Louisa E. Peak Scholarship.

Printed Applicant Name	Date
Signature	

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
855 A Avenue NE, Suite 105
Cedar Rapids, IA 52402

To meet the deadline, all documents must be received by **Monday, March 2, 2020**

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 - INSTRUCTOR OR GUIDANCE COUNSELOR

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 - COACH, EMPLOYER, PASTOR, YOUTH LEADER, VOLUNTEER MANAGER AT ST. LUKE'S HOSPITAL OR OTHER VOLUNTEER MANAGER**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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- 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 2 - COACH, EMPLOYER, PASTOR, YOUTH LEADER, VOLUNTEER MANAGER AT ST. LUKE'S HOSPITAL OR OTHER VOLUNTEER 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