



2021 Keech Scholarship Application

UnityPoint Health St. Luke's Hospital –
Mount Mercy University RN to BSN Program

The RN – BSN Program

St. Luke's Hospital and Mount Mercy University will offer an expedited RN to BSN accelerated curriculum. With this partnership, RN to BSN students can complete the 21 nursing credit hours required by Mount Mercy University's RN to BSN Program in less than one year. Students may take face-to-face or online classes.

To achieve a BSN, Mount Mercy University will require the student to complete core classes. Depending on each student's academic history, this could be a minimum of nine credit hours to as many as 27. Core courses will be the financial responsibility of the student. The student is encouraged to utilize St. Luke's Hospital's Tuition Reimbursement Program and/or apply to St. Luke's Foundation Scholarship Program (timeline is announced annually in January).

After graduation with a BSN Degree, the Keech Scholarship Recipient is required to work three years in a St. Luke's Hospital-Based Department. If the Scholarship Recipient is unable to fulfill this requirement, they will be expected to pay back the entirety of the scholarship (\$8,060).

The Keech Scholarship

St. Luke's Foundation's Keech Scholarship offsets the expenses for the 21 nursing credit hours. The scholarship's approximate value is \$8,060 per student (\$7,560 for tuition and \$500 for books).

To Be Eligible

- Be currently employed at an eligible St. Luke's Hospital-Based Department. *Please see page 14 for a list of eligible and in-eligible departments.*
- Have 12 months of nursing experience (LPN/RN) at time of the application process. *Example: Nurse began employment as an RN in December 2017; Nurse would be eligible to apply for the Keech Scholarship in January 2019.*
- Be accepted to Mount Mercy University's BSN Program.
- Continue to work in an eligible St. Luke's Hospital-Based Department for three years following the graduation of a BSN Degree.

Timeline

- **August 31, 2020** – Application released
- **October 12, 2020 at 3 p.m.** – Applications are due to St. Luke's Foundation
- **Mid-November 2020** – Scholarship Selection Committee will meet to determine scholarship recipients
- **December 7, 2020** – Retention Agreement is due to Rebecca Moore (see page 13).
- **January 2021** – Classes Begin

RN-BSN Program Contact

Rebecca Moore
Phone: (319) 369-7007
Rebecca.Moore2@unitypoint.org

Scholarship Contact

Tonya Arnold
Phone: (319) 369-7572
Tonya.Arnold@unitypoint.org

Thank you for your interest in applying for the Keech Scholarship. This scholarship 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.

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 3-6).</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"> 1. Why did you initially choose a career in nursing? 2. Based on the Keech's mission, if you were awarded this scholarship how will it impact you both personally and professionally? The goal of the Keech Scholarship is to extend 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 is to <i>“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.”</i> 	
<p>Applicant Section – read contract, sign and date (page 6)</p> <p>Please Note: By accepting this scholarship, you will be required to continue to work for a St. Luke's Hospital-based department for three years following graduation with a BSN degree. If you are awarded a scholarship, you will be required to sign the Retention Agreement on page 13. (Agreement may be signed and turned in with application or after notification of scholarship.)</p>	
<p>Reference Forms Please submit references in sealed envelopes with reference signature on the envelope flap. References may also be mailed (in sealed and signed envelopes) directly to the Foundation office.</p> <p><input type="checkbox"/> Reference Form 1 – Current Manager</p> <p><input type="checkbox"/> Reference Form 2 – Co-worker/Peer</p> <p><input type="checkbox"/> 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>	
<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>	



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. If you have a question about the scholarship application, please contact Tonya Arnold at (319) 369-7572 or tonya.arnold@unitypoint.org.

APPLICANT INFORMATION (please type or print)

Name (Last, First, Middle Initial)			
Maiden Name/Other Names Used			Phone
Mailing Address	City	State	Zip
Email	Years of Service as an RN or LPN at St. Luke's Hospital		
Current St. Luke's Hospital Department	Date of Hire in Current Department (e.g.: Jan. 2010)		
Current Manager	Current Job Title		

EDUCATION

Please submit your original RN transcript and any other original post-secondary transcript(s) for each academic institution attended. **Please remember to list your GPA in the below section.**

High School Attended and Location			Graduation Date	
College/University Attended and Location	Dates Attended	GPA	Grad Date	Degree Earned
College/University Attended and Location	Dates Attended	GPA	Grad Date	Degree Earned
College/University Attended and Location	Dates Attended	GPA	Grad Date	Degree Earned

PAST EMPLOYMENT	
Name Of Employer	Years Of Employment (e.g.: Jan. 2010-May 2017)
Department	Manager
Job Title	
Name Of Employer	Years Of Employment (e.g.: Jan. 2010-May 2017)
Department	Manager
Job Title	
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Department	Manager
Job Title	
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Department	Manager
Job Title	
Name Of Employer	Years Of Employment (e.g.: Jan. 2010-May 2017)
Department	Manager
Job Title	

ORGANIZATIONAL COMMITTEES

Please list your current involvement with committees.

Unit/Department (examples: Unit Practice Council, SuperUser for EPIC, NICU Evidence Based Practice Committee). *Do not use acronyms.*

Hospital-Wide (examples: Skin Care Committee, Patient Care Council, Patient Throughput Committee). *Do not use acronyms.*

ORGANIZATIONAL LEADERSHIP

If applicable, please list and define your responsibilities in a leadership role throughout the hospital (examples: Preceptor for New Nurses, Students; Charge Nurse; CPI Instructor; BCLS Instructor). *Do not use acronyms.*

VOLUNTEER ACTIVITIES

Please list your current 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 12, 2020**. Completed applications, transcripts, essay, enrollment information or other scholarship information received after the due date will result in the application being deemed ineligible.

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. Accepting this scholarship, you will be required to continue to work for a St. Luke's Hospital-based department for three years following the completion of your BSN degree.**

To achieve a BSN, Mount Mercy University will require the student to complete core classes. Depending on each student's academic history, this could be a minimum of nine credit hours to as many as 27. Core courses will be the financial responsibility of the student. The student is encouraged to utilize the St. Luke's Hospital Tuition Reimbursement Program and/or apply to St. Luke's Foundation Scholarship Program (timeline is announced annually in January).

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 Keech Scholarship Program.

Printed Applicant Name

Signature

REFERENCE FORM 1 - CURRENT MANAGER**I. TO BE COMPLETED BY APPLICANT**

Please use this form to submit a reference completed by a CURRENT MANAGER. *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, October 12, 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 - CURRENT 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

REFERENCE FORM 2 - CO-WORKER/PEER**I. TO BE COMPLETED BY APPLICANT**

Please use this form to submit a reference completed by a CO-WORKER or PEER. *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 do not waive my right to access this letter of recommendation.

Signature Of Applicant

REFERENCE FORM 2 - CO-WORKER/PEER

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 3 - MEMBER OF THE MULTI-DISCIPLINARY TEAM YOU WORK WITH**I. TO BE COMPLETED BY APPLICANT**

Please use this form to submit a reference completed by a MEMBER OF THE MULTI-DISCIPLINARY TEAM YOU WORK WITH (physician, PA, ARNP, social worker, OT, PT, dietitian, care coordinator, nurse, etc.) *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 Name Of Reference

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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 3 - MEMBER OF THE MULTI-DISCIPLINARY TEAM YOU WORK WITH

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



RETENTION AGREEMENT

Keech Scholarship: Mount Mercy University RN to BSN Program

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 in a greater than PRN status for a period of 36 months from completion/graduation of the full RN to BSN nursing curriculum 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 curriculum, text books, and school fees provided by Mount Mercy University's RN to BSN program (up to 21 credit hours). Value of the scholarship is estimated to be \$8,000.

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 in a greater than PRN status for a 36-month period from completion/graduation of the full RN to BSN nursing curriculum through Mount Mercy University. 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 36-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 in a greater than PRN status for a 36-month period from completion/graduation of the full RN to BSN nursing curriculum through Mount Mercy University as described above. If I do not meet the 36-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. **The Foundation will require full repayment of the scholarship within 12 months of leaving St. Luke's Hospital.**

Name (print first, middle initial, last)	Date
Signature	

*Please see page 14 for a list of eligible and in-eligible St. Luke's Hospital-based departments.



St. Luke's Hospital-Based Departments

Keech Scholarship:
Mount Mercy University RN to BSN Program

ELIGIBLE Departments

- **Administration & Nursing Services**
 - Nursing Support
 - Performance Improvement
 - ALL 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**
- **Imaging Services**
- **Infusion Center (4 East)**
- **Inpatient Units**
 - 3 West
 - 3 Center
 - 4 Center
 - 4 West
 - 5 Center
 - Pulmonary Specialty Unit (6 Center)
 - Ed & Joan Hemphill IP Hospice Unit (6 East)
 - Intensive Care Unit (ICU)
- **Medical Admissions Center**
- **Albert G. and Helen Nassif Radiation Center**

- **Helen G. Nassif Center for Women's and Children's Health**
 - Birth Care Center
 - Neonatal Intensive Care Unit
 - Pediatrics
- **Helen G. Nassif Community Cancer Center**
 - Nassif Heart Center
 - Diagnostic Cardiology/Heart Holding
 - Cardiac /Pulmonary Rehab
 - Cardiovascular Lab
 - Electrophysiology Lab
 - Interventional Vascular Lab
- **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 West**
- **St. Luke's Helen G. Nassif Transitional Care Center**
- **Surgery Center of Cedar Rapids**
- **UnityPoint Clinics, including Hospitalist Program and Gastroenterology Clinic**
- **UnityPoint at Home - Home Care and Outpatient Hospice**