

APPLICANT INFORMATION			
NAME (LAST, MAIDEN, FIRST, MIDDLE INITIAL)			
MAILING ADDRESS		CITY	STATE
HOME PHONE		WORK PHONE	
CHILD OR GRANDCHILD OF ALUMNUS			
ALUMNUS NAME (INCLUDE MAIDEN)		YEAR GRADUATED	
EDUCATION			
COLLEGE/VOCATIONAL SCHOOL ATTENDING OR PLAN TO ATTEND			
AREA OF STUDY/MAJOR (If this is a request for a non-traditional program, enter program name below and attach course description)			
LENGTH OF PROGRAM (YRS)	APPLICANT'S STATUS (YR)	FULL OR PART TIME STUDENT	
CURRENT GPA	ANNUAL TUITION	ANNUAL ROOM AND BOARD	
PAST DIPLOMA/DEGREE			
INSTITUTION GRADUATED FROM	DIPLOMA/DEGREE	CUMULATIVE GPA	YEAR GRADUATED
INSTITUTION GRADUATED FROM	DIPLOMA/DEGREE	CUMULATIVE GPA	YEAR GRADUATED
INSTITUTION GRADUATED FROM	DIPLOMA/DEGREE	CUMULATIVE GPA	YEAR GRADUATED
FINANCIAL ASSISTANCE			
APPLICANT'S PRESENT EMPLOYMENT		HRS/WK	
APPLICANT'S PRESENT EMPLOYMENT		HRS/WK	
FINANCIAL ASSISTANCE AVAILABLE FOR THIS YEAR	LOAN: \$ (include guaranteed student loans)		
	GRANT: \$ (i.e. Pell Grant)		
	SCHOLARSHIPS: \$		
ELIGIBLE FOR TUITION REIMBURSEMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	AMOUNT AVAILABLE \$	AMOUNT RECEIVED \$	
In addition to the application we ask that you submit a self description. This should include your professional plans and goals as well as significant accomplishments. You should describe what you are like as a person, community activities, primary interests, and volunteer work. Finally, please explain why you feel we should award you this scholarship. Please attach this to the application.			
I HEREBY ACKNOWLEDGE THAT ALL INFORMATION SUBMITTED IS TRUE AND CORRECT.			
APPLICANT SIGNATURE		DATE SUBMITTED	

Please be sure you have completed all of the required information and attached the self description. Incomplete applications will not be considered.

Send completed application to: St. Luke's Foundation
 855 A Ave NE STE 105, Cedar Rapids, IA 52402