



Iowa Heart Center Foundation Scholarship Application

Scholarship Details

The Iowa Heart Center Foundation provides qualified nursing students enrolled at an accredited college or university financial assistance. Scholarships are available for students enrolled in an Associate, Bachelors, Masters, or Nurse Practitioner program.

Eligibility Criteria

1. Enrollment in an accredited nursing degree program
2. Determined/verifiable financial need
3. Iowa resident
4. GPA average of 3.0 or higher
5. Commitment to practice in the state of Iowa after graduation
6. Commitment to serve in a cardiac/critical care job role will receive priority
7. Submission of three (3) professional reference letters and contact information
8. Applicants awarded scholarship approve of marketing related to the scholarship including, but not limited to, postings on website, press releases, and other appropriate marketing practices for the Iowa Heart Center Foundation.

Scholarship Year: 2021

Applications Accepted Beginning: April 1, 2021

Deadline for Applications: May 28, 2021 at 4:00 pm

Determination Criteria

1. Applications meeting eligibility criteria will be reviewed by Board members.
2. Scholarships will be granted in July.
3. Scholarship recipient(s) will be notified by email/letter.
4. Scholarship check will be issued directly to school, college, or university.

Questions: Laura Jackman, Iowa Heart Center Foundation Program Coordinator
(515) 633-3555 or ljackman@iowaheart.com



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APPLICANT INFORMATION

| | |
|-----------------------|----------|
| Date | |
| Last Name | |
| First Name | |
| Address | |
| City, State, Zip Code | |
| Daytime Phone | () |
| Evening Phone | () |
| Email Address | |

EMPLOYER INFORMATION

| | |
|-----------------------|---|
| Employer Name | |
| Employer Address | |
| City, State, Zip Code | |
| Work Phone | () |
| Supervisor Name | |
| Supervisor Phone | () |
| Employment Status | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time |

COLLEGE/UNIVERSITY INFORMATION

| | |
|-----------------------|--|
| Name | |
| Address | |
| City, State, Zip Code | |
| Nursing Dean/Chair | |
| Expected Graduation | |
| Current Status | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time |
| Official Transcript | <input type="checkbox"/> I have submitted a current, official transcript (no copies) |

PROFESSIONAL REFERENCES

| Reference #1 | Please submit three (3) professional letters of reference |
|---------------------|--|
| Name | |
| Relationship | |
| Daytime Phone/email | () |
| Reference #2 | |
| Name | |
| Relationship | |
| Daytime Phone/email | () |
| Reference #3 | |
| Name | |
| Relationship | |
| Daytime Phone/email | () |



References may be mailed directly to:

**Iowa Heart Foundation
c/o Laura Jackman
5880 University Ave, Ste 101
West Des Moines, IA 50266**



IOWAHEARTCENTER
Foundation

Iowa Heart Foundation Scholarship Application

Applicant Last Name: _____ **First Name:** _____

Please write a brief response to the following 4 questions. Limit your answers to the space provided. Please type or write legibly your answers.

1. Briefly describe your philosophy of nursing. Include your commitment, beliefs, and values related to the profession.

2. List contributions to community service and your profession. May include professional memberships, community service related activities, etc. with dates of service.



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Applicant Last Name: _____ **First Name:** _____

Please write a brief response to the following questions. Limit your answers to the space provided. Please type or write legibly your answers.

3. Describe future nursing professional goals including plans after graduation, preferred job role, future aspirations, etc.

4. Please describe how a scholarship would impact your future.



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INCOME Please list all sources of income for the scholarship academic year

| Income Source | Annual Amount | Sources | Description/Detail |
|--|---------------|---------|--------------------|
| Education Loans | | | |
| Other Scholarships | | | |
| Military Aid | | | |
| Salary / Income | | | |
| Spouse/Parent Income | | | |
| Other Income | | | |
| Total Household Income <ul style="list-style-type: none"> • List number in household dependent on income | | | |

EXPENSES Please list all anticipated expenses for the scholarship academic year

| Expenses | Annual Amount | Description/Detail |
|-------------------------------|---------------|--------------------|
| Tuition | | |
| Room/board | | |
| Books | | |
| Fees | | |
| Supplies | | |
| Transportation | | |
| Child care | | |
| Other Related Expenses (list) | | |

The above information is, to the best of my knowledge, true and accurate. In making this application to the Iowa Heart Center Foundation, I acknowledge the scholarship will be awarded for (1) year on the basis of need and without regard to race, color, national origin, religion, sex, age, handicap or veteran status. I understand to receive this scholarship I must be a student in good standing at an accredited school, college, or university. Reconsideration for future scholarships in subsequent years requires I reapply and submit to the application procedures as defined. I understand scholarship monies will be issued only to a school, college, or university in which I am enrolled and in good standing.

(Applicant Signature)

(Date)



**Iowa Heart Foundation Scholarship Application Checklist
(Please ensure the following are included in this application)**

- Application, completed in full (4 pages)
- Three (3) Letters of Reference (may be mailed directly to the Iowa Heart Foundation by references)
- One (1) Official Transcript (no photocopies)
- Iowa Drivers License (photocopy)
- Applicant's signature/date at end of application
- Deadline Application Date: June 4, 2018 at 4:00pm

Please submit one (1) copy of your completed application
with the above attachments to:

**Iowa Heart Foundation
c/o Cindy Conroy, Program Coordinator
5880 University Ave., Suite 101
West Des Moines, IA 50266
(515)633-3555**