



## **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: 2018**

Applications Accepted Beginning: April 1, 2019

Deadline for Applications: May 31, 2019 at 4:00 pm

### **Determination Criteria**

1. Applications meeting eligibility criteria will be reviewed by Board members.
2. Scholarships will be granted the first week 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:** Please contact the Iowa Heart Center Foundation Program Coordinator at (515) 633-3555



## Iowa Heart Center Foundation Scholarship Application

### 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 transcript

### PROFESSIONAL REFERENCES

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



References may be mailed directly to:

**Iowa Heart Foundation**  
**5880 University Ave, Suite 101**  
**West Des Moines, IA 50266**



## 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.

**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.**



**IOWAHEARTCENTER**  
*Foundation*

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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.

**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

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

**EXPENSES** Please list all anticipated expenses for the scholarship academic year

<b>Expenses</b>	<b>Annual Amount</b>	<b>Description/Detail</b>
Tuition		
Room/board		
Books		
Fees		
Supplies		
Transportation		
Child care		
Other Related Expenses (i.e. insurance, phone)		

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.

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(Applicant Signature)

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(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)
- Transcript (current)
- Iowa Drivers License (photocopy)
- Applicant's signature/date at end of application
- Deadline Application Date: May 31, 2019 at 4:00pm

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

**Iowa Heart Foundation  
5880 University Ave., Suite 101  
West Des Moines, IA 50266  
(515)633-3555**