



BILL AND MARY RUSSELL HEALTH CARE SCHOLARSHIP

Submission Deadline: April 15th at Noon



PURPOSE

The Bill and Mary Russell Scholarship provides financial assistance for those pursuing educational opportunities toward a career in **nursing or a health care field**. The 40 & 8 volunteer their time to sell donated towels and wash cloths from Mosaic Life Care. 100% of all funds gathered support this scholarship. A limited number of scholarships are available.

SCHOLARSHIP FORMAT

Serving as catalyst and convener, Heartland Foundation is a public charity dedicated to championing education and empowering people to build healthy and thriving communities.

Together, Voiture 130 of the 40 & 8 and Heartland Foundation have created a scholarship program as a tribute to the late Bill and Mary Russell. This tribute recognizes their many years of dedication and commitment at the local and state level with Voiture 130 of the 40 & 8's efforts to support nursing and health care training.

At least fifty percent of the awarded funds will support nursing scholarships. Remaining funds may be awarded to those pursuing educational opportunities in other health-related care programs.

The scholarship selection committee reviews scholarship applications and determines selection of recipients. In addition, the selection committee will review the guidelines on an annual basis and update as appropriate.

CRITERIA

All recipients **must be accepted and enrolled in at least 12 hours of study** for a regular semester or equivalent full-time status in an **approved nursing or health related program**. **Students enrolled in a pre-health program will not be eligible for consideration.** The committee may elect to invite some applicants to interview in person.

GENERAL INFORMATION

Applicants **must reside within the Heartland Foundation service region which includes the following counties**

IN MISSOURI: Andrew, Atchison, Buchanan, Caldwell, Carroll, Clay, Clinton, Daviess, DeKalb, Gentry, Grundy, Harrison, Holt, Livingston, Mercer, Nodaway, Platte, Ray, and Worth;

IN IOWA: Decatur, Fremont, Page, Ringgold, and Taylor;

IN KANSAS: Atchison, Brown, Doniphan, and Nemaha; and

IN NEBRASKA: Nemaha and Richardson.

While it is not a stipulation for receiving an award, it is the hope of Heartland Foundation that persons who benefit from this scholarship will consider pursuing a career within the specified service region.

APPLICATION PROCESS

Complete the cover page. In narrative form, respond to all required TOPICS listed on the cover page clearly and completely. NOTE: ADDRESS ALL POINTS; GENERIC NARRATIVES ARE NOT ADVISABLE. Gather additional documentation (transcript, proof of acceptance/full-time enrollment, and letters of recommendation) and assemble packet in this **mandated order**:

- **Cover page**
- **Narrative** (refer to cover page for details)
- **Official certified transcript** verifying cumulative grade point average **and/or photocopy of high school grades**. **Please highlight class rank/GPA and provide the scale used.** *If received in sealed envelope, the envelope may be opened by applicant to make required copies. (An unofficial transcript printed from online posting is not considered official and application will be subject to disqualification.)*
- **Proof of acceptance and full-time enrollment** in an accredited/approved nursing program or professional component of health-related major (such as **class schedule** with credit hours enrolled **and program acceptance letter** from institution).
- **At least two (2) dated letters of recommendation** (on letterhead where applicable) with person's name, position and relationship to applicant. **Letters must be dated within the last 90 days and must be signed.**

Return original application and attachments, plus two (2) copies on or before April 15th at noon. All information and attachments must be complete and *collated for application to be considered. (*COLLATED = THE SET OF ORIGINAL DOCUMENTS - COVER PAGE AND ATTACHMENTS PLUS TWO (2) COMPLETE, COPIED SETS OF APPLICATION PACKET. All sets must have documents arranged in the mandated order.)

Mailing/Delivery Address:

Heartland Foundation, 518 S. Sixth St.,
St. Joseph, MO 64501 64501

*If delivering, please use the north HF entrance.

Questions may be directed to:

Dr. Sandra Pettit Weber

816.271.7571 or 800.447.1083

Email: sandra.pettitweber@heartlandfoundation.org



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SCHOLARSHIP APPLICATION COVER PAGE

APPLICANT NAME (last, first, middle) _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTY _____

EMAIL ADDRESS _____ PHONE (_____) _____

EMPLOYER (If applicable) _____ JOB TITLE _____

SUPERVISOR'S NAME _____ PHONE (_____) _____

PERSONAL REFERENCES

NAME _____ PHONE (_____) _____

NAME _____ PHONE (_____) _____

NARRATIVE INFORMATION –Please provide the below information in narrative form. **ADDRESS ALL POINTS IN THE NARRATIVE! GENERIC NARRATIVES ARE NOT ADVISABLE. Do NOT provide any personally identifiable information in your narrative (name, address, past schools attended, etc.).**

1. **Degree** and career field you plan to pursue.
2. Description of **career goals and feelings associated with your interest in health care**. Please include why you are pursuing your selected career.
3. **Name of institution** to which you are accepted, date of acceptance, and expected date of graduation.
4. **Explanation of need** for financial assistance, **anticipated costs**, and extenuating circumstances.
5. A list of **other financial resources** (financial aid, scholarships, grants, etc.) received with dollar amount. Please indicate if you have applied to and been accepted into the **Stepping Stones** program at Mosaic Life Care.
6. Information related to **general work history** (if applicable) – length of service, number of hours worked weekly currently, how many hours you plan to work during the school year, etc. **If you are currently working in nursing and/or health care field**, please provide information related to your work, length of service, and hours worked weekly.
7. List of awards or honors received, including clinical excellence awards or other achievements (if applicable).
8. **Volunteer information** including where, when, name of supervisor(s), and the approximate number of volunteer hours served in the past twelve months.
9. List of **extracurricular activities** (hobbies, interests, etc).
10. Are you or a family member a veteran? Yes ___ No ___

Applicant Signature

Date

Return collated original application and attachments, and two sets of collated copies, on or before April 15th at noon; All information and attachments must be complete and collated (papers in the proper order) for your application to be considered.

***Note: Address all the above topics in your narrative and do not include personally identifiable information.**

Mailing/delivery address: Heartland Foundation, Attn. Dr. Pettit Weber, 518 S. Sixth St., St. Joseph 64501

Phone: 816.271.7571 or 800.447.1083; email: sandra.pettitweber@heartlandfoundation.org

***Note: if hand delivering the packet, please use the north entrance.**



BILL AND MARY RUSSELL HEALTH CARE SCHOLARSHIP Application Checklist



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Carefully check this list to ensure you have not missed any requirement and that your application packet is assembled in the mandated order!

Are you qualified to apply for this scholarship?

- Have you been accepted and are you enrolled in at least 12 hours of study for a regular semester or equivalent full-time status in an approved nursing or health care related program?
- Do you reside in one of the listed counties?

Does your narrative include information about each topic listed below? Note: Points are awarded for each topic. Not responding to a topic will lower your application score. Do NOT include any personally identifiable information such as name, address, past schools attended, etc.

- Information on the degree and career field you plan to pursue
- An explanation as to why you are pursuing your selected career
- A description of your career goals
- The name of institution to which you are accepted
- The date of acceptance
- The expected graduation date
- An explanation of need for financial assistance
- Anticipated costs and/or extenuating circumstances
- A list of other financial funds (financial aid, scholarships, grants, etc.) received with dollar amount
- Stated whether or not you applied to and have been accepted into the **Stepping Stones** program
- General work history and how many hours a week you work
- List of awards or honors received (if applicable)
- Volunteer information from the last year - where, when, approximate hours served, and name of supervisor(s)
- List of extracurricular activities

Have you assembled everything that is needed for your packet?

- Return three (3) collated copies of the complete application and attachments (an original and two (2) copies)
- Each set should be arranged in the following order:
 - Cover page
 - Narrative discussing all required topics
 - Official certified transcript:
 - Verifying cumulative grade point average
 - Showing class rank/GPA; highlight GPA
 - Providing grading scale used (i.e. 4.0 scale)
 - Photocopy of high school grades
 - Proof of acceptance and full-time enrollment
 - Two letters of recommendation that include:
 - Recently dated – within the last 90 days
 - On letterhead where applicable
 - Person's signature
 - Person's position
 - Person's relationship to you
- Mail or deliver the application packet by the due date of April 15th at noon