

BILL AND MARY RUSSELL HEALTH CARE SCHOLARSHIP Submission Deadline: July 1st 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** (clinical or patient care). A limited number of scholarships are available to aid those most in need of assistance.

SCHOLARSHIP FORMAT

Serving as catalyst and convener since 1982, 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 Bill Russell and the late 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 will be awarded to those pursuing educational opportunities in other clinical or patient 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 care 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 <u>must reside</u> within the Heartland Foundation service region which includes the <u>following counties</u>

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

<u>IN IOWA</u>: Decatur, Fremont, Page, Ringgold, and Taylor; <u>IN KANSAS</u>: 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 scholarship cover page and respond to the questions listed on that page clearly and completely. Submit the following required attachments *in this mandated order:*

- Application Cover Page and 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 author's name, position, and relationship to applicant. Letters must be dated within the last 90 days, and they must be signed.

Return original application and attachments, plus two (2) copies on or before July 1st 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 CORRECT ORDER)

Mailing/Delivery* Address:

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

(*May be dropped off at 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

(Use additional pages as necessary.)

APPLICANT NAME (last, first, middle)	
HOME ADDRESS	
CITYSTATEZIP	COUNTY
EMAIL ADDRESS	PHONE ()
EMPLOYER (If applicable)	JOB TITLE
SUPERVISOR'S NAME	PHONE ()
PERSONAL REFERENCES	
NAME	_ PHONE ()
NAME	_ PHONE ()
 page), and this cover page, please provide the following in the page. Degree and career field you plan to pursue. Description of career goals and feelings associated. Name of institution to which you are accepted, dated. Explanation of need for financial assistance, anticed. A list of other financial resources received or applicate if you have applied to and been accepted in the line in the li	ed with your interest in health care. te of acceptance, and expected date of graduation. ipated costs, and extenuating circumstances. lied for with dollar amount (scholarships, loans, etc). Please to the Stepping Stones program through Mosaic Life Care. plicable) – length of service, number of hours worked ng and/or health care field, please provide information orked weekly. excellence awards or achievements (if applicable). f supervisor.
Annlicant Signature	Date

Return collated original application and attachments, and two sets of collated copies, on or before July 1st at Noon;

All information and attachments must be complete and sets collated (papers in the proper order)

for your application to be considered.



BILL AND MARY RUSSELL HEALTH CARE SCHOLARSHIP Application Checklist



Carefully check this list to ensure you have not missed any requirement!

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 semes equivalent full-time status in an approved nursing or health care related program? Do you reside in one of the listed counties? 	ster or
<u>Does your narrative include information about each topic listed below?</u> Note: Points are awarded for topic. Not responding to a topic will lower your application score.	or each
Information on the degree and career field you plan to pursue 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 resources received or applied for with dollar amount Stated whether or not you applied to and had been accepted into the Stepping Stones progra General work history and how many hours a week you work List of awards or honors received Volunteer information (where, when, approximate hours donated, and name of supervisor) List of extracurricular activities	am
Have you assembled everything that is needed for your packet?	
Are the required attachments in the below, mandated order? Scholarship cover page and narrative discussing above listed topics Official certified transcript: Verifying cumulative grade point average Class rank/GPA highlighted and provided scale used 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 Author's signature Author's position Author's relationship to you	
Return three (3) collated copies of the complete application and attachments (an original and copies with all documents compiled in the mandated order)	1. (2)