



DR. WILLIAM AND MRS. MURIEL REDMOND SCHOLARSHIP

Submission Deadline: April 15th at Noon

PURPOSE

The Dr. William and Mrs. Muriel Redmond Scholarship provides financial assistance for those pursuing educational opportunities toward a **career in a health-related field (clinical or patient care) with a desire to serve the St. Joseph area.**

ESTABLISHING THE SCHOLARSHIP

This scholarship program, established in 1995, serves as a tribute to the late Dr. William and Mrs. Muriel Redmond.

William Storey Redmond graduated from Christian Brothers High School and Rush Medical School of the University of Chicago where he received his medical degree in 1937. His internship and residency were at Kansas City General Hospital from 1937-38. Dr. Redmond's lifetime medical practice of 50+ years was entirely in the St. Joseph area. The exception to this was his service in World War II, from which he was discharged from the U.S. Army with the rank of Major.

Muriel Guffey Redmond graduated from Benton High School and St. Joseph's Hospital School of Nursing in 1938. Within this community, she was an active volunteer in health care, beginning with the Candy Striper program in 1947. Throughout her life, Mrs. Redmond was active in her profession of nursing. In addition, she participated in the St. Joseph Hospital Guild and the Heartland Regional Medical Center Auxiliary. In 1988, the Auxiliary established the Muriel Redmond Scholarship in her honor. Serving as a catalyst and convener since 1982, Heartland Foundation is a public charity dedicated to championing education and empowering people to build healthy and thriving communities.

SCHOLARSHIP FORMAT

One annual award will be made from eligible earnings of the endowed scholarship fund. Half of the allocation will be granted in the fall and the remaining half granted the following January upon proof of enrollment for the spring semester and a minimum of a B (3.0) grade point average on a 4.0 scale. The award will be payable to both the student and the educational institution, and the check will be mailed to the student.

SCHOLARSHIP STEWARDSHIP COUNCIL

The Scholarship Stewardship Council represents the Heartland Foundation Board, health care professionals, and members of the Redmond family. The Council considers scholarship applications, approves selection of the recipient, reviews the guidelines on an annual basis and makes changes as deemed appropriate.

CRITERIA

To be eligible, applicants **must be accepted and enrolled in 12 hours of study for a regular semester or equivalent to full-time status in an accredited health-related program.** *Students enrolled in a pre-health program are not eligible.*

GENERAL INFORMATION:

- Applicants **must reside** within the following Missouri counties: **Andrew, Buchanan, Clinton and De Kalb.**
- Applicants **must also maintain at least a B (3.0) grade point average** and meet acceptable academic standards of the institution in which enrolled.

While it is not a stipulation for receiving an award, it is the hope of Heartland Foundation that recipients of this scholarship will consider pursuing a career within the service region, especially Missouri counties of Andrew, Buchanan, Clinton and De Kalb. Recipients will meet with Margaret Redmond Lister, daughter of the Redmonds. The first semester's funds will be presented at this meeting. Scholars are strongly encouraged to share occasional updates of their progress.

APPLICATION PROCESS

Complete cover page. In narrative form, respond to all required TOPICS clearly and completely. NOTE: ADDRESS ALL POINTS AS REQUESTED ON THE TITLE PAGE. GENERIC NARRATIVES ARE NOT ADVISABLE. Gather additional documentation (transcript, proof of acceptance/enrollment, and letters of recommendation) and assemble the packet in this mandated order:

- **Cover page**
- **Narrative and additional information** (refer to cover page for details)
- **Official certified transcript** from educational institution most recently attended verifying cumulative GPA. Please highlight class rank/GPA. If received in a sealed envelope, applicant may open to make the required copies. *(An unofficial transcript printed from online posting is not considered official and application will be subject to disqualification.)*
- **Proof of current acceptance and enrollment in an accredited/approved health-related program** (such as class schedule and program acceptance letter from institution).
- **At least two (2) recently 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) collated copies on or before April 15th. All information and attachments must be complete and *collated for application to be considered. (*COLLATED = 1 SET OF ORIGINAL APPLICATION & ATTACHED DOCUMENTS PLUS TWO (2) COPIED SETS OF APPLICATION & ATTACHMENTS. All sets must have documents arranged in the correct order.)

Mailing/Delivery Address:

Heartland Foundation, 518 S. Sixth Street, St. Joseph, MO 64501
*If delivering the packet, use the north HF entrance.

Questions may be directed to:

Dr. Sandra Pettit Weber at 816.271.7571 or 800.447.1083 or by Email: Sandra.pettitweber@heartlandfoundation.org



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APPLICATION COVER PAGE

APPLICANT NAME _____
LAST FIRST MIDDLE
HOME ADDRESS _____
CITY _____ STATE _____ ZIP _____ COUNTY _____
EMAIL ADDRESS _____ PHONE (_____) _____

PERSONAL REFERENCES:

Name _____ Position _____ PHONE (_____) _____
Name _____ Position _____ PHONE (_____) _____

- Please explain within a **200 - 500 word narrative why you are applying for The Dr. William and Mrs. Muriel Redmond Scholarship** and why you chose to be associated with the health care field. In addition to the narrative, detail any **awards or honors** received, **extracurricular activities** (volunteer work and approximate hours served in the last year, hobbies, interests, etc.), and **work experience** (length of service, how many hours currently working a week, how many hours you plan to work during your school year, etc.). **THE NARRATIVE SHOULD ADDRESS ALL POINTS. GENERIC NARRATIVES ARE NOT ADVISABLE. Do NOT provide any personally identifiable information in your narrative (name, address, past schools attended, etc.).**
- Please also provide the following information:
 - **Institution** to which you are accepted and **date of acceptance** into professional component of health care major (proof of acceptance and enrollment is required)
 - **Degree and career field** you plan to pursue
 - Expected **date of graduation**
 - **Explanation of need for financial assistance with anticipated costs** and any **extenuating circumstances**.
 - List **other financial funds** (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.)

Applicant's Signature

Date

Return original application and attachments and two (2) copies on or before April 15th at noon.

All information and attachments must be complete and collated 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 MO 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.**



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APPLICATION CHECK LIST

(Carefully check this list to ensure you have not missed any requirement and that your application packet follows the mandated order)

Are you qualified to apply for this scholarship?

- Are you pursuing a career in an accredited health-care field with a desire to serve in the St. Joseph area?
- Have you maintained a 3.0 or higher grade point average on a 4.0 scale?
- Do you reside within one of the following counties: Andrew, Buchanan, Clinton, or De Kalb?

Does your 200 – 500 word narrative address the topic listed below? Remember to NOT include any personally identifiable information such as name, address, past schools attended, etc.

- Explain why you are applying for the Dr. William and Mrs. Muriel Redmond Scholarship
- Why you chose to be associated with the health care field

Additionally, have you also provided information about the following item?

- Detail awards or honors received
- List extracurricular activities (i.e. volunteer work including length of service and approximate hours served this last year, hobbies, interests, etc.)
- Provide information related to your work experience: (i.e. length of service, the number of hours currently working weekly, hours to be worked during the school year, etc.)

Have you included the additional required information?

- Provide the name of institution, date of acceptance (with proof), and number of credit hours in which you are enrolled
- Degree and career field you plan to pursue and expected graduation date
- Give the previous semester and cumulative grade point average
- Explain your need for program cost/financial assistance
- Provide anticipated costs and/or extenuating circumstances
- Supply a list of other financial funds (financial aid, scholarships, grants, etc.) received with dollar amount
- State whether or not you applied to and been accepted into the **Stepping Stones** program

Have you assembled everything that is needed for your packet in the proper order?

- Return three (3) collated sets of the complete application and attachments (an original and two copies)
- Each set should be arranged in the following order:**
 - Cover page
 - 200 – 500 word narrative addressing required topics listed above
 - Additional mandatory information
 - Official certified transcript:
 - Verifying cumulative grade point average
 - Showing class rank/GPA; highlight GPA
 - Providing grading scale used (i.e. 4.0 point scale)
 - Proof of enrollment in an accredited/approved health care related program
 - Two (2) letters of recommendation that include:
 - Recent date – within the last 90 days
 - On letterhead where applicable
 - Person's signature
 - Person's position
 - Person's relationship to you
- Mail or deliver the complete application packet on or before the due date of April 15th at noon