



BILL AND MARY RUSSELL HEALTHCARE SCHOLARSHIP

Submission Deadline: March 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 healthcare field**. The 40 & 8 volunteer their time to sell donated towels and washcloths from Mosaic Life Care. 100% of all funds gathered, support this scholarship. A limited number of awards are available.

SCHOLARSHIP FORMAT

Serving as catalyst and convener, Mosaic Life Care 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 Mosaic Life Care 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 healthcare 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 the scholarship applications and selects the recipients. The selection committee will also evaluate and update the guidelines on an annual basis 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 Mosaic Life Care 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, the Mosaic Life Care Foundation hopes that scholarship recipients 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 thoroughly. 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 or high school grade record** verifying the cumulative grade point average. **Please highlight the class rank and GPA. Note the scale used.** If received in a sealed envelope, the applicant may open it 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 acceptance and full-time enrollment** in an accredited/approved nursing program or professional component of healthcare-related major (such as a class schedule with credit hours enrolled and program acceptance letter from the institution).
- At least **two (2) letters of recommendation**, on letterhead where applicable, with the person's name, position, and relationship to the applicant. Letters may be included in the packet or submitted separately. **The recommendations must be dated within the last 90 days and be signed.**

Submit the original application and attachments, plus two (2) copies on or before March 15th at noon. All information and attachments must be completed, and each set must have the documents arranged in the mandated order.

Mailing/Delivery* Address:

Mosaic Life Care Foundation,
518 S. Sixth St.
St. Joseph, MO 64501

*If delivering the application packet, please use the north entrance.

Questions may be directed to:
Julie Gaddie, Ph.D.
816.271.7200 or 800.447.1083
julie.gaddie@mlcfoundation.com



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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 (_____) _____

ARE YOU OR A FAMILY MEMBER A VETERAN? YES ___ NO ___

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. Share your degree and planned career field
2. Describe your career goals and **feelings associated with your interest in healthcare**; include why you are pursuing your selected career
3. Provide the institution name to which you are accepted, date of acceptance, and expected graduation date
4. Explain your financial need, anticipated costs, and extenuating circumstances
5. List monetary resources (e.g., financial aid, scholarships, grants) received, and include the dollar amount
6. Indicate if you have applied to and been accepted into the Stepping Stones program at Mosaic Life Care
7. Share information related to your general work history (if applicable) – length of service, number of hours worked weekly currently, anticipated number of hours you will work during the school year, etc. If you are currently working in nursing and/or healthcare field, please provide information related to your work including your length of service
8. List awards or honors received, including clinical excellence awards or other achievements (if applicable)
9. Provide volunteer information (if applicable) including where, when, name of supervisor(s), and the approximate number of volunteer hours served in the past twelve months
10. Detail extracurricular activities (e.g., hobbies, interests)

Applicant Signature

Date

Submit the original application and attachments, and two (2) copies, on or before March 15th at noon;
 All information and attachments must be completed and assembled in the proper order for your application to be considered.
Address all the above topics in your narrative, and do not include personally identifiable information.

Mailing/delivery address: Mosaic Life Care Foundation, Attn. Julie Gaddie, Ph.D., 518 S. Sixth St., St. Joseph, MO 64501
 Phone: 816.271.7200 or 800.447.1083; Email: julie.gaddie@mlcfoundation.com
Note: if delivering the packet, please use the north entrance.



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Application Checklist

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 healthcare related program?
- Do you reside in one of the listed counties?

Does your narrative include information about each topic listed below? Points are awarded for each area. Not responding to an item may lower your application score. Do NOT include any identifiable information such as name, address, past schools attended, etc.

- Information on the degree and planned career field
- An explanation as to why you are pursuing your selected career
- A description of your career goals
- The institution's name to which you are accepted
- The acceptance date
- Your expected graduation date
- An explanation of your financial need
- Anticipated costs and any extenuating circumstances
- A list of monetary funds (e.g., financial aid, scholarships, grants) received, and include the dollar amounts
- A statement indicating whether you applied and have been accepted into the Stepping Stones program
- General work history (if applicable) and how many hours a week you work
- A list of awards or honors received (if applicable)
- Volunteer information (if applicable) from the last year - where, when, approximate hours served, and name of supervisor(s)
- A record of extracurricular activities

Have you assembled everything that is needed for your packet?

- Submit the completed application and attachments plus two (2) copies
- Each set should be arranged in the following order:**
 - Cover page
 - Narrative discussing all required topics
 - Official certified transcript indicating:
 - Cumulative and semester grade point average (GPA); highlight the GPA
 - Class rank; highlight the class rank
 - Scale used (e.g., 4.0 point)
 - Photocopy of high school grades
 - Proof of acceptance and full-time enrollment in an accredited healthcare program
 - Two letters of recommendation that include the following components:
 - Recently dated – within the last 90 days
 - On letterhead where applicable
 - Person's signature, position, and relationship to you
- Mail or deliver the application packet by the due date of March 15th at noon