



DORIS R. HINES PH.D., R.N., CETN NURSING SCHOLARSHIP

Deadline: March 15th at Noon

PURPOSE

The Doris R. Hines Ph.D., R.N., CETN Nursing Scholarship has been established to provide **financial assistance to a Mosaic Life Care nurse pursuing a degree beyond the bachelor's level.**

ESTABLISHING THE SCHOLARSHIP

Throughout her life, Dr. Hines was committed to the profession of nursing and was a strong proponent of advanced education for nurses. To acknowledge and honor a lifetime of excellence in nursing practice, family and friends of the late Dr. Doris Hines established a scholarship in her name through the Mosaic Life Care Foundation. The Mosaic Life Care Foundation, serving as catalyst and convener, is a public charity dedicated to championing education and empowering people to build healthy and thriving communities.

Through this endowed fund, recipients will be awarded half the allocation in the fall, and the remaining half granted the following January. The scholars must maintain a 3.0 or higher-grade point average on a 4.0 scale and supply proof of enrollment for the spring semester to receive the second allocation.

The frequency and amount of the awards will be determined annually based on endowed earnings and at the discretion of the scholarship award selection committee.

SCHOLARSHIP AWARD SELECTION COMMITTEE

The committee bases its decisions on the nature of the applications and candidates seeking financial assistance. The committee may elect to invite some applicants to interview in person. Application guidelines are reviewed annually.

CRITERIA

Qualified applicants must meet the following requirements:

- Enrollment in an accredited/approved nursing program above the bachelor's level
- Employment with Mosaic Life Care
- Maintain a 3.0 or higher-grade point average on a 4.0 scale
- Indicate any prior and current service to humanity and healthcare if applicable
- Provide references and recommendations

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 and full-time enrollment, letters of recommendation).

Assemble the packet ***in this mandated order***:

- **Cover page**
- **Narrative** (refer to cover page for details)
- **Official certified college transcript** verifying the cumulative GPA (transcript may be opened and reproduced for required application copies). Please highlight the class rank and GPA. *(An unofficial transcript printed from online posting is not considered official, and the application will be subject to disqualification.)*
- **Proof of enrollment** in an accredited/approved nursing program above the bachelor's level including one signature of a program representative
- 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 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



DORIS R. HINES PH.D., R.N., CETN NURSING SCHOLARSHIP
Submission Deadline March 15th at Noon

APPLICATION COVER PAGE

APPLICANT NAME _____

LAST

FIRST

MIDDLE

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTY _____

EMAIL ADDRESS _____ TELEPHONE (____) _____

EMPLOYMENT _____ LENGTH OF SERVICE _____

JOB TITLE _____

SUPERVISOR'S NAME _____ TELEPHONE (____) _____

PERSONAL REFERENCES

NAME _____ TELEPHONE (____) _____

NAME _____ TELEPHONE (____) _____

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 details related to the educational program you are pursuing, including:
- Institution name and the number of credit hours in which you are enrolled,
- Previous semester grade point average, and
- Cumulative grade point average.
2. Explain why you are applying for this scholarship and how it will enhance your professional and career goals over the next five years.
3. Discuss prior and current service to humanity and healthcare.
4. Define and provide the anticipated program costs (include dollar amounts) and support your need for financial assistance.
5. Detail monetary funds (financial aid, scholarships, grants, etc.) received, and include the dollar amounts.
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 work at Mosaic Life Care, including:
- Length of service and number of hours worked weekly,
- Why you chose to be associated with the healthcare field, and
- How you feel you make Mosaic Life Care a better place.
8. List any awards or honors received.
9. Detail your extracurricular activities, including community involvement, hobbies, and 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?

- Are you enrolled in an accredited/approved nursing program above the bachelor's level?
- Are you employed with Mosaic Life Care?
- Have you maintained a 3.0 or higher-grade point average on a 4.0 scale?
- Have you participated in volunteer service?

Does your narrative include information about each topic listed below? Do NOT include any personally identifiable information such as name, address, past schools attended, etc. in your narrative.

- Explain why you are applying for this scholarship and how it will enhance your professional and career goals over the next five years
- Provide the institution name and number of credit hours in which you are enrolled
- Give the previous semester and cumulative grade point average
- Explain your financial need
- Provide anticipated costs and extenuating circumstances
- Supply a list of monetary funds (financial aid, scholarships, grants, etc.) received with the dollar amount
- State whether you applied to and have been accepted into the Stepping Stones program
- Provide information related to your work at Mosaic Life Care:
 - Length of service; the number of hours working weekly
 - Why you chose to be associated with the healthcare field
 - How you feel you make Mosaic Life Care a better place
- Provide information about your prior and current volunteer service – where, when, approximate hours served, and name of supervisor(s)
- Indicate previous and ongoing service to humankind
- Detail awards or honors received
- List extracurricular activities (hobbies, interests, etc.)

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)
 - Proof of enrollment in an accredited/approved nursing program above the bachelor's level
 - Two (2) letters of recommendation that include:
 - Current date – written within the last 90 days
 - On letterhead where applicable
 - Person's signature, position, and relationship to you
- Mail or deliver the application packet on or before the due date of March 15th at noon