

DR. WILLIAM AND MRS. MURIEL REDMOND SCHOLARSHIP Submission Deadline: March 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. Dr. Redmond received his medical degree in 1937, and his internship and residency occurred at the Kansas City General Hospital from 1937-38. Dr. Redmond's lifetime medical practice of 50+ years was conducted entirely in the St. Joseph area except for his time spent in service during World War II. Dr. Redmond was honorably discharged from the U.S. Army with the rank of Major.

Muriel Guffey Redmond graduated from Benton High School and then St. Joseph's Hospital School of Nursing in 1938. She was an active volunteer in healthcare, beginning with the Candy Striper program in 1947. She also 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, Mosaic Life Care Foundation is a public charity dedicated to championing education and empowering people to build healthy and thriving communities. The Mosaic Life Care Foundation recognizes the many years of dedication, effort, and service Dr. William and Mrs. Muriel Redmond provided for the area.

SCHOLARSHIP FORMAT

This opportunity arises from eligible earnings of the endowed scholarship fund. Recipients will receive half of the allocation 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.

SCHOLARSHIP STEWARDSHIP COUNCIL

The Scholarship Stewardship Council includes representation from the Mosaic Life Care Foundation Board, healthcare professionals, and a member of the Redmond family. The Council reviews the scholarship applications, selects recipients, and evaluates the guidelines on an annual basis. The Council may authorize changes as deemed appropriate.

CRITERIA

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 DeKalb.**
- 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, the Mosaic Life Care Foundation hopes that scholarship recipients will consider pursuing a career within the service region, especially in the Missouri counties of Andrew, Buchanan, Clinton, and DeKalb. Recipients will meet with Margaret Redmond Lister, the Redmonds' daughter. The first semester's funds will be presented at this meeting. Scholars are strongly encouraged to share occasional updates on their progress.

APPLICATION PROCESS

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

- **Cover page**
- **Narrative including all requested information** (refer to cover page for details)
- **Official certified transcript** verifying the cumulative GPA. *Please highlight the class rank and GPA.* 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 current acceptance and enrollment in an accredited/approved health-related program** (such as a class schedule and program acceptance letter from the institution).
- **At least two (2) letters of recommendation**, on letterhead where applicable; include the person's name, position, and relationship to the applicant. Letters must be dated within the last 90 days and must be signed.

Submit the original application and attachments, plus two (2) copies on or before March 15th. 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 Street
St. Joseph, MO 64501

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

Questions may be directed to:

Julie Gaddie, Ph.D. at 816.271.7200 or 800.447.1083
julie.gaddie@mlcfoundation.com

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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 (_____) _____

- Explain within a **1,000-word narrative why you are applying** for the **Dr. William and Mrs. Muriel Redmond Scholarship** and why you chose to be associated with the healthcare field. Additionally, 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 weekly, and number of 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.).**

- Also, provide the following information:
 - Institution name to which you are accepted and date of acceptance into professional component of healthcare major (proof of acceptance and enrollment is required)
 - Degree and career field you plan to pursue
 - Expected graduation date
 - Explanation of financial need; include anticipated costs and any extenuating circumstances
 - List monetary awards (e.g., financial aid, scholarships, grants) received; include dollar amounts
 - Indicate if you have applied to and been accepted into the Stepping Stones program at Mosaic Life Care

Applicant's 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 pursuing a career in an accredited healthcare 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 DeKalb?

Does your narrative address the topics listed below? Do 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
- Share why you chose to be associated with the healthcare field

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

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

Have you included the additional required information?

- Provide the institution name, date of acceptance (with proof), and number of credit hours in which you are enrolled
- Share the degree and career field you plan to pursue and an expected graduation date
- Give the previous semester and cumulative grade point average
- Explain your financial assistance need
- Provide anticipated costs and any extenuating circumstances
- Supply a list of other monetary funds (e.g., financial aid, scholarships, grants) received with the dollar amount
- Indicate whether you applied to and have been accepted into the Stepping Stones program

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

- Submit the completed application and attachments plus two (2) copies
- Each set should be arranged in the following order:**
 - Cover page
 - Narrative addressing required topics listed above
 - 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 and approved healthcare program
 - Two (2) 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

*Letters may be submitted with the packet or sent in separately

- Mail or deliver the completed application packet on or before the due date of March 15th at noon