

VELMA FLIES ANDERSON SCHOLARSHIP Submission Deadline: March 15th at Noon

PURPOSE

Mrs. Anderson, a 1941 graduate of the Missouri Methodist Hospital School of Nursing, established the Velma Flies Anderson Scholarship. In awarding the scholarship, an emphasis is placed on the academic and clinical excellence achievements of a **senior-level student in an accredited registered nursing program.**

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. The Foundation oversees the scholar selection and awards.

This scholarship is endowed; therefore, the amount of funding available to recipients primarily depends on the earned interest that is generated from investing the fund. The frequency and amount of the scholarship award(s) will be at the discretion of the scholarship selection committee. The committee bases its decisions on the availability of funds and the nature of the application and candidate 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 criteria:

- Full-time enrollment in the senior year of an accredited/approved registered nursing program
- Maintain a 3.0 or above grade point average in a 4.0 scale
- Demonstrate above-average clinical performance evaluations
- Indicate any prior or current service to humanity or health care
- Demonstrate financial need
- Provide references and recommendations

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, Mosaic Life Care Foundation hopes that scholarship recipients will consider pursuing a career within this 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 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 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 application will be subject to disqualification.*)
- **Proof of acceptance and full-time enrollment** in senior year of an accredited/approved nursing program (class schedule with credit hours enrolled and program acceptance letter).
- 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 Street
St. Joseph, MO 64501

*If delivering the packet, 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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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. State the degree and career field you plan to pursue, and why you selected that career
2. Share your career goals
3. Explain why you are applying for the Velma Flies Anderson Scholarship and how it will enhance your professional skills
4. Provide the name of the institution to which you are accepted, date of acceptance to the RN program, years completed in a nursing program, and your expected graduation date
5. Explain your need for financial assistance with anticipated costs and any extenuating circumstances
6. List other monetary funds (e.g., financial aid, scholarships, grants) received, and include dollar amounts
7. Indicate if you have applied to and been accepted into the Stepping Stones program at Mosaic Life Care
8. Share information related to your work (if applicable) – length of service, how many hours worked weekly, etc. Mention clinical excellence or achievement awards. If you are currently working in nursing, please describe your work and your feelings associated with involvement in health care
9. Detail any volunteer service (if applicable) – where, when, the approximate number of hours served in the last twelve months, and the name of supervisor(s)
10. List 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

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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?
- Are you at the senior level?
- Have you maintained a 3.0 or higher-grade point average on a 4.0 scale?
- Have you participated in prior or current volunteer service?
- Do you live in one of the listed counties?

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.

- State the degree and career field you are pursuing
- Share your career goals
- Explain why you are applying for this scholarship and how it will enhance your professional and career goals and skills
- Provide the name of the institution to which you are accepted, date of acceptance to the RN program, years completed in a nursing program, and the expected date of graduation
- Detail your need for program cost/financial assistance (e.g., provide anticipated costs with dollar amounts and any extenuating circumstances)
- Provide a list of other monetary funds (e.g., financial aid, scholarships, grants) received, and include the dollar amounts
- Indicate if you have applied to and been accepted into the Stepping Stones program at Mosaic Life Care
- Discuss your work experience (if applicable) – length of service, hours currently working weekly, and hours working during the school year; *if you are currently working in nursing, please describe your work and your feelings associated with involvement in health care
- Note any clinical excellence or achievement awards received (if applicable)
- Explain any volunteer information (if applicable) – where, when, the approximate hours served in the last year, and the name of supervisor(s)
- List extracurricular activities (e.g., hobbies, interests)

Have you assembled everything that is needed for your packet?

- Submit three (3) sets of the complete application and attachments (an original and two copies)
- Each set should be arranged in the following order:**
 - Cover page
 - Narrative discussing all required topics yet void of personally identifiable information
 - 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
 - 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 completed application packet on or before the due date of March 15th at noon