

# MOSAIC LIFE CARE HOSPICE SCHOLARSHIP

Submission Deadline: March 15<sup>th</sup> at Noon



## PURPOSE

The Mosaic Life Care Hospice Scholarship has been established to provide financial assistance for those pursuing educational opportunities by developing their knowledge and skills toward **a career that will improve the care persons receive as they near the end of life.**

## ESTABLISHING THE SCHOLARSHIP

Created in 2012 to honor the 25<sup>th</sup> Anniversary of Mosaic Life Care Hospice, this scholarship award was established with the intent to advance the Hospice profession and make a difference in providing quality end-of-life care.

## SCHOLARSHIP FORMAT

One annual award of \$500 will be granted. Mosaic Life Care Foundation will manage the scholarship process. Serving as a catalyst and convener, Mosaic Life Care Foundation is a public charity dedicated to championing education and empowering people to build healthy and thriving communities.

## SELECTION

The Scholarship Allocation Council includes representatives from Mosaic Life Care Foundation's Board of Trustees, health care professionals, and Mosaic Life Care Hospice. The council considers scholarship applications, selects the recipient, reviews the guidelines on an annual basis, and makes 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 program.
- Applicants **must reside within the following MISSOURI counties:** *Andrew, Atchison, Buchanan, Caldwell, Carroll, Clay, Clinton, Daviess, DeKalb, Gentry, Grundy, Harrison, Holt, Livingston, Mercer, Nodaway, Platte, Ray, and Worth.*
- Applicants must demonstrate financial need.
- Applicants must maintain a 3.0 or above grade point average on a 4.0 scale.
- The Scholarship Stewardship Council may elect to invite some applicants to interview in person.

While it is not a stipulation for receiving an award, it is the hope of Mosaic Life Care Hospice

and Mosaic Life Care Foundation that recipients of this scholarship 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) and assemble the packet **in this mandated order:**

- **Cover page**
- **Narrative** (refer to cover page for details).
- **Official certified transcript** from educational institution most recently attended (or photocopy of high school grades) with the *class rank and GPA highlighted*. 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 the application will be subject to disqualification).
- **Proof of current acceptance and full-time enrollment** in an accredited/approved program (such as a class schedule with credit hours and program acceptance letter from the institution).
- At least **three (3) 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 15<sup>th</sup> at noon. All information and attachments must be completed, and each set must have documents arranged in the correct order.**

## Mailing/Delivery\* Address:

Mosaic Life Care Foundation  
518 S. Sixth St.  
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](mailto:julie.gaddie@mlcfoundation.com)

MOSAIC LIFE CARE HOSPICE SCHOLARSHIP  
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APPLICATION COVER PAGE



APPLICANT NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
LAST FIRST MIDDLE

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ TELEPHONE (\_\_\_\_) \_\_\_\_\_

PERSONAL REFERENCES

Name \_\_\_\_\_ Position \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_ 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.).*

- Within a **500 – 1,000-word narrative**, please explain **why you are applying for the Mosaic Life Care Hospice Scholarship** and **how you will contribute to improving the care that persons receive at the end of life** in your intended profession.
- In addition to the 500 – 1,000-word narrative mentioned above, please provide the following information in narrative form:
  - Degree and career field you plan to pursue
  - Institution to which you are accepted (proof of acceptance and enrollment is required)
  - Expected date of graduation
  - Explanation of need for financial assistance, anticipated costs, and extenuating circumstances
  - List monetary funds (e.g., financial aid, scholarships, grants) received; include the dollar amounts
  - Indicate if you have applied to and been accepted into the Stepping Stones program at Mosaic Life Care
  - Information related to your work (if applicable) length of service, hours worked weekly, how many hours you plan to work during school, etc.
  - Volunteer information (if applicable) where, when, the approximate number of hours served in the last twelve months, and name of supervisor(s)
  - Awards or honors received (if applicable)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Submit the original application and attachments, and two (2) copies, on or before March 15<sup>th</sup> 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](mailto:julie.gaddie@mlcfoundation.com)  
**Note: if delivering the packet, please use the north entrance.**

# MOSAIC LIFE CARE HOSPICE SCHOLARSHIP CHECKLIST

## Submission Deadline March 15<sup>th</sup> at Noon



### APPLICATION COVER PAGE



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 12 hours of study for a regular semester or equivalent to full-time status in an accredited program?
- Do you reside in one of the listed counties?
- Are you pursuing a career that will improve the care persons receive as they near the end of life?
- Have you maintained a 3.0 or above grade point average on a 4.0 scale?

Have you written the 500 – 1,000-word narrative? Do NOT include any personally identifiable information such as name, address, past schools attended, etc.

- Explain **why you are applying for the Mosaic Life Care Hospice Scholarship** and **how you will contribute to improving the care that persons receive at the end of life** in your intended profession

Did you respond to the following items in a narrative form? Do NOT include any personally identifiable information such as name, address, past schools attended, etc.

- Information on the degree and career field you plan to pursue
- A description of your career goals
- The name of the institution to which you are accepted
- The date of acceptance
- Your expected graduation date
- An explanation of your financial assistance need
- Anticipated costs and any extenuating circumstances
- A list of other monetary funds (e.g., financial aid, scholarships, grants) received; include the dollar amounts
- General work history (if applicable) and how many hours a week you work both currently and how many you plan to work during the school year
- Awards or honors received
- Volunteer information (if applicable) where, when, approximate hours served in the past year, and name of supervisor(s)
- 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 mandated 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 acceptance and full-time enrollment
  - Three (3) letters of recommendation that include the following components:
    - 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 15<sup>th</sup> at noon