MARY ALICE HARTIGAN SCHOLARSHIP FOR NURSING
Submission Deadline: March 15th at Noon

PURPOSE
The Mary Alice Hartigan Scholarship for Nursing provides financial support to individuals for healthcare education in the field of nursing or surgical services with an emphasis on surgical nursing.

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. Created in 1999 to honor the late Mary Alice Hartigan, friends, family, and co-workers of Mrs. Hartigan partnered with Mosaic Life Care Foundation to establish this fund to serve as a tribute to her years of dedication to the profession of nursing and devotion to the field of surgical services.

This scholarship is endowed; therefore, the amount of funding available to recipients depends on interest earned. The frequency and amount of the scholarship award(s) will be at the discretion of the scholarship selection committee. 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:
• Minimum enrollment of 12 hours of study for a regular semester or equivalent full-time status in an accredited nursing or surgical services program
• Maintain a 2.5 or above grade point average in a 4.0 scale and meet acceptable academic standards of the institution in which enrolled
• Indicate prior and current volunteer service to humanity or healthcare if applicable
• 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, the 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) and assemble the packet in this mandated order:
• Cover page
• Narrative (refer to cover page for details)
• Official certified transcript from an educational institution or high school most recently attended. (If received in a sealed envelope, the applicant may open it to reproduce required application copies). Please highlight the class rank and GPA. (An unofficial transcript printed from online posting is not considered official and will be subject to disqualification.)
• Proof of acceptance and full-time enrollment in an accredited nursing or surgical services program, such as the 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 correct 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
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APPLICANT NAME ____________________________________________________________
HOME ADDRESS _______________________________________________________________________

CITY____________________________________STATE_______ZIP_________COUNTY_____________________

EMAIL ADDRESS ___________________________ TELEPHONE (_______) _______________________

EMPLOYER ________________________________________________________________

JOB TITLE ________________________________________________________________________________

SUPERVISOR’S NAME ______________________ PHONE (_______) _________________________

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 include any personally identifiable
information in your narrative (name, address, past schools attended, etc.)

• State the degree and career field you plan to pursue
• Share your career goals and why you are pursuing this career
• Provide the name of the institution to which you are accepted, date of acceptance, and expected date of graduation
• Explain why you are applying for this scholarship and how it will enhance your professional skills
• Share your financial need; include anticipated costs and any extenuating circumstances
• List 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.
• Share information related to your work (if applicable) – length of service, how many hours you are currently working weekly, etc. If you have worked in nursing or surgical services, please describe your experiences and note clinical excellence achievements
• Detail any volunteer information (prior and current service) – where, when, the approximate number of hours served in the past twelve months, and name of supervisor(s)
• List your extracurricular activities (e.g., hobbies, interests)

__________________________________________  ______________________________
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 collated 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 full-time in an accredited nursing or surgical services program? (at least 12 hours of study for a regular semester or equivalent status)
☐ Are you pursuing a degree in nursing and/or surgical services?
☐ Do you reside in one of the listed counties?
☐ Have you maintained at least a 2.5-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.

☐ Information on the degree and career field you plan to pursue
☐ A description of your career goals
☐ The institution’s name to which you are accepted
☐ The date of acceptance and your expected graduation date
☐ An explanation of your financial need
☐ Anticipated costs and any extenuating circumstances
☐ A list of other monetary funds (e.g., financial aid, scholarships, grants) received with the dollar amount
☐ Stated whether you applied to and were accepted into the Stepping Stones program
☐ General work history and how many hours a week you work
☐ If you have worked in nursing or surgical services, description of your experiences and clinical excellence achievements
☐ Volunteer information – where, when, the approximate number of hours served the past twelve months, and name of supervisor(s)
☐ List 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:
  • Scholarship application cover page
  • Narrative discussing all required topics yet void of personally identifiable information
  • Official certified transcript indicating:
    o Cumulative and semester grade point average (GPA); highlight the GPA
    o Class rank; highlight the class rank
    o Scale used (e.g., 4.0 point)
  • Proof of acceptance and full-time enrollment
  • Two letters of recommendation that include:
    o Current date – written within the last 90 days
    o On letterhead where applicable
    o 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