

MARY ANN REINERT SCHOLARSHIP

Submission Deadline: March 15th at Noon

PURPOSE

The Mary Ann Reinert Scholarship provides financial support to individuals for healthcare education and training in the field of surgical medicine. In awarding the scholarship, the **emphasis is placed on applicants who are pursuing careers in surgical nursing or surgical services, including nursing, technology, or any other surgical-related field.**

SCHOLARSHIP FORMAT

Friends and co-workers created this scholarship in 1988 to honor Ms. Mary Ann Reinert. Contributions to Mosaic Life Care Foundation for this scholarship serve as a tribute to her years of dedication to the profession of nursing and devotion to the field of surgical services. 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.

This scholarship is endowed; therefore, the amount of funding available to recipients depends on interest earned 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 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/approved nursing or surgical services program**
- Demonstrate an **interest** or skills in **surgical services**
- Maintain 2.5 or above GPA on a 4.0 scale; meet acceptable academic standards of institution in which enrolled
- Indicate prior and current service to humanity or healthcare if applicable
- Demonstrate financial need

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

Complete cover page. In narrative form, respond to all required TOPICS listed on the cover page clearly and completely. 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 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 current acceptance and enrollment in an accredited/approved healthcare-related program** (such as class schedule and program acceptance letter from the institution).
- 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 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



MARY ANN REINERT SCHOLARSHIP APPLICATION COVER PAGE

APPLICANT NAME _____

LAST FIRST MIDDLE

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTY _____

EMAIL ADDRESS _____ PHONE (_____) _____

EMPLOYER _____

JOB TITLE _____

SUPERVISOR'S NAME _____ PHONE (_____) _____

PERSONAL REFERENCES:

NAME _____ PHONE (_____) _____

NAME _____ PHONE (_____) _____

(IF APPLICABLE) Years completed in a Nursing/Healthcare Program _____

NARRATIVE INFORMATION – Please provide the following 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.
2. Describe your career goals.
3. Explain why you are applying for the Mary Ann Reinert Scholarship and how it will enhance your professional skills.
4. List the name of the institution to which you are accepted, date of acceptance into professional component of healthcare major, and expected graduation date.
5. Detail your financial need; include anticipated costs and any extenuating circumstances.
6. Share monetary funds (financial aid, scholarships, grants, etc.) received, and include the 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) including length of service, how many hours currently working, and how many hours you plan to work during the school year. If you are currently working in surgical services, describe your work, provide the length of service, and describe your feelings associated with involvement in healthcare, etc. Note any clinical excellence awards or achievements.
9. Identify volunteer information (if applicable) where, when, approximately how many hours served in the past twelve months, and the name(s) of supervisor(s).
10. List your extracurricular activities (hobbies, interests, etc.).

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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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 at least 12 hours of study for a regular semester or equivalent full-time status in an approved nursing or surgical services program?
- Do you reside in Mosaic Life Care Foundation's service area (in one of the listed counties)?
- Have you maintained a 2.5 or higher-grade point average on a 4.0 scale?

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.

- Explain your interest and skills in surgical services
- Provide information on the degree and career field you plan to pursue
- Share why you are applying for the Mary Ann Reinert Scholarship and how it will enhance your professional skills
- State the institution's name to which you are accepted
- Share the date of acceptance and your expected graduation date
- Explain your financial need
- List anticipated costs and any extenuating circumstances
- Supply a list of other monetary funds (financial aid, scholarships, grants, etc.) received; include the dollar amounts
- Indicate whether you applied to and were accepted into the Stepping Stones program
- Provide work experience information (are you currently working in surgical services, share the number of hours worked weekly, detail tasks, provide the length of service, and describe your feelings associated with involvement in healthcare)
- Share any clinical excellence awards or achievements received
- Detail volunteer information (if applicable) where, when, the approximate number of hours served in the past year, and name of supervisor(s)
- List 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:**
 - Cover page
 - Narrative discussing all required topics
 - Official certified transcript indicating: 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)
 - Photocopy of high school grades when applicable
 - Proof of acceptance and full-time enrollment
 - Two 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 application packet by the due date of March 15th at noon