



Dr. William and Mrs. Muriel Redmond Scholarship

Submission Deadline: July 1st 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 care 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 Dr. William and Mrs. Muriel Redmond.

William Storey Redmond graduated from Christian Brothers High School and Rush Medical School of the University of Chicago where he received his medical degree in 1937. His internship and residency were at Kansas City General Hospital from 1937-38. Dr. Redmond's lifetime medical practice of 50+ years was entirely in the St. Joseph area. The exception to this was his service in World War II, from which he was discharged from the U.S. Army with the rank of Major.

Muriel Guffey Redmond graduated from Benton High School and St. Joseph's Hospital School of Nursing in 1938. Within this community, she has been an active volunteer in health care, beginning with the Candy Striper program in 1947. This program evolved into Project YOUTH, still vital at Mosaic Life Care. Throughout her lifetime, Mrs. Redmond has been active in her profession of nursing. In addition, she has 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 to be managed by Heartland Foundation. Serving as a catalyst and convener since 1982, Heartland Foundation is a public charity dedicated to championing education and empowering people to build healthy and thriving communities.

SCHOLARSHIP FORMAT

One annual award will be made from eligible earnings of the endowed scholarship fund. Half of the allocation will be granted in the fall and the remaining half granted the following January upon proof of enrollment for the spring semester and a B (3.0) grade point average. The award will be payable to both the student and the educational institution, mailed to the student.

SCHOLARSHIP STEWARDSHIP COUNCIL

The Scholarship Stewardship Council represents the Heartland Foundation Board, health care professionals, and members of the Redmond family. The Council considers scholarship applications, approves selection of the recipient, reviews the guidelines on an annual basis and makes changes as deemed appropriate.

CRITERIA

To be eligible, 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 De Kalb.**
- Applicants **must also maintain 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, it is the hope of Heartland Foundation that recipients of this scholarship will consider pursuing a career within the service region, especially Missouri counties of Andrew, Buchanan, Clinton and De Kalb. Recipients will also be encouraged to correspond with Mrs. Redmond to acknowledge receipt of the award and share occasional updates of their progress.

APPLICATION PROCESS

Complete cover page and respond to all the points listed on that page. Be sure to answer all questions clearly and completely. Submit the following required attachments *in this order*:

- **Application Cover Page and Narrative** (refer to cover page for details).
- **Official certified transcript** from educational institution most recently attended verifying cumulative GPA. Please highlight class rank/GPA. If received in a sealed envelope, applicant may open to make the required copies. **(Note: 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 care related program** (such as class schedule and program acceptance letter from institution).
- **At least two (2) recently dated letters of recommendation**, on letterhead where applicable, with author's name, position and relationship to applicant. Letters must be dated within the last 90 days, and they must be signed.

Return original application and attachments plus two (2) collated copies on or before July 1. All information and attachments must be complete and collated for application to be considered. (*COLLATED = 1 SET OF ORIGINAL APPLICATION & ATTACHED DOCUMENTS PLUS TWO (2) COPIED SETS OF APPLICATION & ATTACHMENTS.) All sets must have documents arranged in the correct order.

Mailing/Delivery* Address:

Heartland Foundation
518 S. Sixth St.
St. Joseph, MO 64501

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

Questions may be directed to:
Dr. Sandra Pettit Weber
816.271.7571 or 800.447.1083

Email: sandra.pettitweber@heartlandfoundation.org



DR. WILLIAM AND MRS. MURIEL REDMOND SCHOLARSHIP
APPLICATION COVER PAGE
(Use additional pages as necessary)

APPLICANT NAME _____

LAST

FIRST

MIDDLE

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTY _____

EMAIL ADDRESS _____ PHONE (_____) _____

PERSONAL REFERENCES:

Name _____ Position _____ PHONE (_____) _____

Name _____ Position _____ PHONE (_____) _____

- Within a **200-word narrative**, please explain **why you are applying** for this scholarship, include any **awards** or **honors** received, **extracurricular activities** (volunteer work, hobbies, interests, etc.), **work experience** (length of service, etc.).
- In addition to the 200-word narrative mentioned above, an official certified transcript, proof of acceptance and enrollment, and letters of recommendation (refer to information page), please provide the following:
 - **Institution** to which you are accepted and **date of acceptance** into professional component of health care major (proof of acceptance and enrollment is required)
 - **Degree and career field** you plan to pursue
 - Expected **date of graduation**
 - **Explanation of need for financial assistance with anticipated costs** and any **extenuating circumstances**.
 - List **other financial resources** received or applied for with dollar amount (scholarships, loans, etc.) Please indicate if you have applied to and been accepted into the **Stepping Stones** program through Mosaic Life Care.)

Applicant's Signature

Date

Return original application and attachments and two (2) copies on or before July 1st at noon.
All information and attachments must be complete and collated for your application to be considered.

Mailing/delivery address: Heartland Foundation, Attn. Dr. Pettit Weber, 518 S. Sixth St., St. Joseph MO 64501
Phone: 816.271.7571 or 800.447.1083; email: sandra.pettitweber@heartlandfoundation.org

***Note: if hand delivering the packet, please use the north entrance.**



DR. WILLIAM AND MRS. MURIEL REDMOND SCHOLARSHIP
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APPLICATION CHECK LIST

(Carefully check this list to ensure you have not missed any requirement.)

Are you qualified to apply for this scholarship?

- ☐ Are you pursuing a career in an accredited health-care field with a desire to serve in the St. Joseph area?
- ☐ Have you maintained an excellent grade point average?
- ☐ Do you reside within one of the following counties: Andrew, Buchanan, Clinton, or De Kalb?

In a 200 Word Narrative:

- ☐ Explain why you are applying for this scholarship
- ☐ Detail awards or honors received
- ☐ List extracurricular activities (volunteer work, hobbies, interests, etc.)
- ☐ Provide information related to your work:
 - Length of service, hours working weekly
 - Why you chose to be associated with the health care field

Additionally, include narrative information about each topic listed below:

- ☐ Provide the name of institution, date of acceptance (with proof), and number of credit hours in which you are enrolled
- ☐ Degree and Career Field you plan to pursue and expected graduation date
- ☐ Give the previous semester and cumulative grade point average
- ☐ Explain your need for program cost/financial assistance
- ☐ Provide anticipated costs, and/or extenuating circumstances
- ☐ Supply a list of other financial resources received or to which you have applied with dollar amount
- ☐ State whether or not you applied to and been accepted into the **Stepping Stones** program

Have you assembled everything that is needed for your packet?

- ☐ Submit the required attachments in the below order:
 - Cover page and narrative discussing above topics
 - Official certified transcript:
 - Verifying cumulative grade point average
 - Showing class rank/GPA; highlight GPA and provide grading scale used
 - Proof of enrollment in an accredited/approved health care related program
 - Two (2) letters of recommendation that include:
 - Recent date –within the last 90 days
 - On letterhead where applicable
 - Author's signature
 - Author's position
 - Author's relationship to you
- ☐ Return three (3) collated copies of the complete application and attachments (an original and two copies with all documents provided in the order listed above)
- ☐ Mail or deliver the application packet on or before the due date of July 1st at noon