



DORIS R. HINES PH.D., R.N., CETN NURSING SCHOLARSHIP

Deadline: April 15th at Noon

PURPOSE

The Doris R. Hines Ph.D., R.N., CETN Nursing Scholarship has been established to provide **financial assistance to a Mosaic Life Care nurse pursuing a degree beyond the Bachelor's level.**

ESTABLISHING THE SCHOLARSHIP

Throughout her life, Dr. Hines was committed to the profession of nursing and was a strong proponent of advanced education for nurses. To acknowledge and honor a lifetime of excellence in nursing practice, family and friends of the late Dr. Doris Hines established a scholarship in her name through Heartland Foundation. Heartland Foundation, serving as catalyst and convener, is a public charity dedicated to championing education and empowering people to build healthy and thriving communities.

Through this endowed fund, the scholarship will be awarded with half the allocation given in the fall and the remaining half granted the following January. The recipient must maintain a 3.0 or higher grade point average on a 4.0 scale and supply proof of enrollment for the spring semester to receive the second allocation.

The frequency and amount of the scholarship award will be determined annually based on endowed earnings and at the discretion of the scholarship award selection committee.

SCHOLARSHIP AWARD SELECTION COMMITTEE

The committee bases its decisions on the nature of the applications and candidates 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:

- Enrollment in an **accredited/approved nursing program above the bachelor's level**
- **Employment with Mosaic Life Care**
- Maintain a 3.0 or higher grade point average on a 4.0 scale
- Indicate **prior and/or current service to humanity and health care**
- Provide **references and recommendations**

APPLICATION PROCESS

Complete the 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/full-time enrollment, and 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 class rank/GPA. (An unofficial transcript printed from online posting is not considered official and the application will be subject to disqualification.)
- **Proof of enrollment** in an accredited/approved nursing program above the Bachelor's level including one signature of a program representative
- **At least two (2) recently dated letters of recommendation** (on letterhead where applicable) with person's name, position and relationship to applicant. Letters must be dated within the last 90 days and must be signed.

Return original application and attachments, plus two (2) copies on or before April 15th at noon. All information and attachments must be complete and *collated for application to be considered. (*COLLATED = THE SET OF ORIGINAL DOCUMENTS - COVER PAGE AND ATTACHMENTS PLUS TWO (2) COPIED SETS OF APPLICATION PACKET. All sets must have the documents arranged in the mandated 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



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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. Share details related to the educational program you are pursuing, including:
 - Name of institution and number of credit hours in which you are enrolled,
 - Previous semester grade point average, and
 - Cumulative grade point average.
2. Explain why you are applying for this scholarship and how it will enhance your professional and career goals over the next five years.
3. Discuss prior and/or current service to humanity and health care.
4. Define and provide the anticipated program costs (include dollar amounts) and support your need for financial assistance.
5. Detail financial funds (financial aid, scholarships, grants, etc.) received. Please include dollar amounts.
6. Indicate if you have applied to and been accepted into the **Stepping Stones** program at Mosaic Life Care.
7. Share information related to your work at Mosaic Life Care, including:
 - Length of service and number of hours worked weekly,
 - Why you chose to be associated with the health care field, and
 - How you feel you make Mosaic Life Care a better place.
8. List any awards or honors received.
9. Detail your extracurricular activities including community involvement, hobbies, and interests.

Applicant signature

Date

Return original application and attachments and two (2) copies on or before April 15th at noon;

All information and attachments must be complete and collated for your application to be considered.

***Note: Address all the above topics in your narrative and do not include personally identifiable information.**

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.**



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APPLICATION CHECK LIST

(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 above the Bachelor's level?
- Are you employed with Mosaic Life Care?
- Have you maintained a 3.0 or higher grade point average on a 4.0 scale?
- Have you participated in prior and/or current service to humanity and health care?

Does your narrative include information about each topic listed below? Remember to NOT include any personally identifiable information such as name, address, past schools attended, etc. in your narrative.

- Explain why you are applying for this scholarship and how it will enhance your professional and career goals over the next five years
- Provide the name of institution and number of credit hours in which you are enrolled
- 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 funds (financial aid, scholarships, grants, etc.) received with dollar amount
- State whether or not you applied to and have been accepted into the **Stepping Stones** program
- Provide information related to your work at Mosaic Life Care:
 - Length of service; number of hours working weekly
 - Why you chose to be associated with the health care field
 - How you feel you make Mosaic Life Care a better place
- Provide information about your prior and/or current service to humanity and health care – where, when, approximate hours served, and name of supervisor(s)
- Indicate prior and/or current service to humanity and health care
- Detail awards or honors received
- List extracurricular activities (hobbies, interests, etc.)

Have you assembled everything that is needed for your packet?

- 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)
- Each set should be arranged in the following order:**
 - Cover page
 - Narrative discussing all required topics
 - Official certified transcript:
 - Verifying cumulative grade point average
 - Showing class rank/GPA; highlight GPA
 - Providing grading scale used (i.e. 4.0 scale)
 - Proof of enrollment in an accredited/approved nursing program above the Bachelor's level
 - Two (2) letters of recommendation that include:
 - Recent date –within the last 90 days
 - On letterhead where applicable
 - Person's signature
 - Person's position
 - Person's relationship to you
- Mail or deliver the application packet on or before the due date of April 15th at noon