



# VELMA FLIES ANDERSON SCHOLARSHIP

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

## PURPOSE

Mrs. Anderson, a 1941 graduate of the Missouri Methodist Hospital School of Nursing, established the Velma Flies Anderson Scholarship. In awarding the scholarship, emphasis is placed on academic and clinical excellence achievements of a **senior level student in an accredited registered nursing program.**

## SCHOLARSHIP FORMAT

Serving as catalyst and convener, Heartland Foundation is a public charity dedicated to championing education and empowering people to build healthy and thriving communities. The Foundation oversees the scholar selection and awards.

This scholarship is endowed; therefore, the amount of funding available to recipients primarily depends on the earned interest that is generated 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 bases its decisions on availability of funds and the nature of the application and candidate 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:**

- Full-time enrollment in the senior year of an accredited/approved registered nursing program
- Maintain a 3.0 or above grade point average in a 4.0 scale
- Demonstrate above average clinical performance evaluations
- Indicate prior and/or current service to humanity or health care
- Demonstrate financial need
- Provide references and recommendations

## GENERAL INFORMATION

Applicants **must reside within** the Heartland 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, it is the hope of Heartland Foundation that persons who benefit from 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 completely. NOTE: ADDRESS ALL POINTS; GENERIC NARRATIVES ARE NOT ADVISABLE. Gather additional documentation (transcript, proof of acceptance/full-time enrollment, and letters of recommendation) and assemble 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 application will be subject to disqualification.)
- **Proof of acceptance and full-time enrollment** in senior year of an accredited/approved nursing program (class schedule with credit hours enrolled and program acceptance letter).
- **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 15<sup>th</sup> 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 documents arranged in the mandated order.)**

## Mailing/Delivery Address:

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

\*If delivering, please 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](mailto: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. **Degree and career field** you plan to pursue and why you selected that career
2. Description of **career goals**
3. **Explain why you are applying** for Velma Flies Anderson Scholarship and how it will **enhance your professional skills**
4. **Institution** to which you are accepted, **date of acceptance** to RN program, **years completed** in nursing program, and **expected date of graduation**
5. Explanation of need for financial assistance with **anticipated costs** and any extenuating circumstances
6. A list of **other financial funds** (financial aid, scholarships, grants, etc.) received with dollar amount. Please indicate if you have applied to and been accepted into the **Stepping Stones** program at Mosaic Life Care.
7. **Information related to your work** (if applicable) – length of service, how many hours worked weekly, etc. Mention clinical excellence or achievement awards; if you are currently working in nursing, please describe your work and your feelings associated with involvement in health care, etc.
8. **Volunteer information** (if applicable) – where, when, approximate number of hours served in the last twelve months, and name of supervisor(s)
9. List **extracurricular activities** (hobbies, interests, etc.)

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

**Return original application and attachments and two (2) additional copies on or before April 15<sup>th</sup> 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](mailto: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?
- Are you at the senior level?
- Have you maintained a 3.0 or higher grade point average in a 4.0 scale?
- Have you participated in prior and/or current service to humanity and health care?
- Do you live in one of the listed counties?

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.)

- State the degree and career field you are pursuing.
- State your career goals.
- Explain why you are applying for this scholarship and how it will enhance your professional and career goals and skills.
- Provide the name of the institution to which you are accepted, date of acceptance to RN program, years completed in nursing program, and expected date of graduation
- Detail your need for program cost/financial assistance (provide anticipated costs with dollar amount and/or extenuating circumstances)
- Provide a list of other financial funds (financial aid, scholarships, grants, etc.) received with dollar amount
- State whether or not you applied to and been accepted into the **Stepping Stones** program at Mosaic Life Care
- Work experience (if applicable) – length of service, hours currently working weekly, and hours working during the school year; \*if you are currently working in nursing, please describe your work and your feelings associated with involvement in health care
- Note clinical excellence or achievement awards (if applicable)
- Explain any volunteer information (if applicable) – where, when, approximate hours served in the last year, and name of supervisor(s)
- Detail information on prior and/or current service to humanity or health care – length of service, hours served in the last twelve months, where, when, and name of supervisor
- List extracurricular activities (hobbies, interests, etc.)

Have you assembled everything that is needed for your packet?

- Return three (3) sets of the complete application and attachments (an original and two copies)
- Each set should be arranged in the following order:**
  - Cover page
  - Narrative discussing all required topics yet void of personally identifiable information
  - Official certified transcript:
    - Verifying both cumulative and semester grade point average
    - Showing class rank/GPA –highlight GPA and provide scale used (i.e. 4.0 scale)
  - Proof of enrollment in an accredited/approved nursing program
  - 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 complete application packet on or before the due date of April 15<sup>th</sup> at noon