



MARY ANN REINERT SCHOLARSHIP

Submission Deadline: April 15th at Noon

PURPOSE

The Mary Ann Reinert Scholarship provides financial support to individuals for health care education and training in the field of surgical medicine. In awarding the scholarship, **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 Heartland Foundation for this scholarship serve as a tribute of her years of dedication to the profession of nursing and devotion to the field of surgical services. Serving as catalyst and convener, Heartland Foundation is a public charity dedicated to championing education and empowering people to build healthy and thriving communities.

This is an endowed scholarship; 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 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** and/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/or current service to humanity or health care
- Demonstrate financial need

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

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/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 transcript** verifying cumulative GPA and/or **photocopy of high school grades.** *Please highlight class rank/GPA.* If official transcript is received in a sealed envelope, applicant may open to reproduce 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 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) *collated copies on or before April 15th at noon. 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



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. **Provide 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 institution to which you are accepted, date of acceptance** into professional component of healthcare major, and **expected date of graduation**.
5. Provide an explanation of **need for financial assistance with anticipated costs** and any **extenuating circumstances**.
6. Supply 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. Provide **information related to your work** (if applicable) length of service, how many hours currently working, and how many hours you plan to work during school year. If you are currently working in surgical services, describe your work, provide length of service, and describe your feelings associated with involvement in health care, etc. Make note of clinical excellence awards or achievements.
8. Identify **volunteer information** (if applicable) where, when, approximately how many hours served in the past twelve months, and name of supervisor(s).
9. List your **extracurricular activities** (hobbies, interests, etc.).

Applicant's signature

Date

Return collated original application and attachments, and two (2) collated copies, on or before April 15th at noon; All information and attachments must be complete and collated for 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 64501
Phone: 816.271.7200 or 800.447.1083; email: sandra.pettitweber@heartlandfoundation.org



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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?

- 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 Heartland 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? Remember to NOT include any personally identifiable information such as name, address, past schools attended, etc.

- Interest and/or skills in surgical services
- Information on the degree and career field you plan to pursue
- Why you are applying for the Mary Ann Reinert Scholarship and how it will enhance your professional skills
- The name of institution to which you are accepted
- The date of acceptance
- The expected graduation date
- An explanation of need for financial assistance
- Anticipated costs, and/or extenuating circumstances
- A list of other financial funds (financial aid, scholarships, grants, etc.) received with dollar amount
- Stated whether or not you applied to and were accepted into the Stepping Stones program
- If you are currently working in surgical services, describe your work, hours currently working, provide length of service, and describe your feelings associated with involvement in health care.
- List of clinical excellence awards or achievements
- Volunteer information (if applicable) where, when, approximate number of hours served in the past year, and name of supervisor(s)
- List of extracurricular activities

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
 - Official certified transcript:
 - Verifying cumulative grade point average
 - Showing class rank/GPA; highlight GPA
 - Providing scale used (i.e. a 4.0 scale)
 - 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
 - Person's position
 - Person's relationship to you
- Mail or deliver application packet by due date of April 15th at noon