Tidelands COMMUNITY HOSPICE FOUNDATION

2024 Scholarship Cycle
Mary Atmar Johnson Scholarship
January 22nd till March 25th

Applicant Requirements, Scholarship Application, and Instructions

Each year Tidelands Community Hospice Foundation gives four (4) $1,000 scholarships to four (4) individuals who are or will be pursuing a degree in Nursing or Social Work. It is IMPORTANT to read Applicant Requirements and Scholarship Application Instructions carefully. Failure to meet the requirements or to follow instructions will result in the Application being disqualified. Please contact Barriedel Llorens, Foundation Director at 843-520-7714, if you have questions or concerns.

Applicant Requirements

Applicant MUST:

- Be pursuing a degree in Nursing or Social Work.
- Reside in one of the counties (Georgetown, Horry, Williamsburg) served by Tidelands Community Hospice.
- If needed provide additional information and be available for a personal interview.

Mary Atmar Johnson Scholarship Application

The Scholarship Application consists of the following sections. EACH section MUST be completed following the instructions and include only the information requested and required. It MUST be submitted in its entirety according to submission instructions.

- Applicant Information Form: Applicant Information
- Two (2) Reference Forms: 1st Form is the Character Reference
  2nd Form is School Official or Employer
- Essay: Typed double spaced, no longer than two (2) pages, stating Applicant's personal and career goals.

Scholarship Application Submission Instructions

The Scholarship Application MUST:

- Be completed and submitted in its entirety following ALL instructions and requirements. If not typed, handwriting must be LEGIBLE, and Scholarship Application should be signed and dated by Applicant.
- Be mailed or delivered to Tidelands Community Hospice Administrative office. Emailed or faxed Scholarship Applications cannot be accepted. **NOTE:** This requirement was put in place by the Scholarship Committee to avoid issues of emailed or faxed Scholarship Applications not being received in their entirety and being received by the deadline date but not the deadline time.
- Be received at Tidelands Community Hospice Administrative office by DEADLINE DATE and TIME of 4:00 pm on Monday, March 25, 2024. **NOTE:** Scholarship Applications that are postmarked with the deadline date but are not physically in the Administrative office by deadline date and time will be disqualified.

Tidelands Community Hospice Administrative Office
2591 N. Fraser Street Georgetown, SC 29440
Office Hours: Monday - Thursday 8:00 am - 4:30 pm

Mail to: Barriedel Llorens
Tidelands Community Hospice Foundation
2591 N. Fraser Street Georgetown, SC 29440

Scholarship Committee

Each Scholarship Application is reviewed individually by members of the Scholarship Committee and if needed, applicants are contacted to be interviewed. It is our hope to announce this year's four (4) recipients at the end of April. The four (4) scholarship recipients will be contacted by telephone and a confirmation letter. Other applicants will be notified by mail.

Tidelands COMMUNITY HOSPICE FOUNDATION

2024 Applicant Information Section

*** Deadline for Scholarship Application submission to Tidelands Community Hospice Administrative Office is March 25, 2024, no later than 4:00 pm***

Please print:

Applicant Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____

Email Address _____

Anticipated field of study: Social Work _____ Nursing _____

Are you currently attending school? Yes _____ No _____

If Yes, School Name and Grade Level _____

_____

College or University you are planning to attend _____
**If chosen as a Recipient a copy of acceptance letter must be submitted prior to receiving scholarship.*

Are you currently working? Yes _____ No _____

Name of Employer _____

Position and length of time _____

If you have you previously applied for the Mary Atmar Johnson Scholarship? Yes _____ No _____

If Yes, please state year _____

If you have been a recipient of the Mary Atmar Johnson Scholarship, please state year _____

Do you have family member or know anyone that is currently employed with Tidelands Community Hospice?

Yes _____ No _____

How did you find out about the Mary Atmar Johnson Scholarship? _____

_____

_____

Please Print Applicant Name_____

1) **LIST** what you consider, three (3) of your strengths:

2) **LIST** what you consider, three (3) of your weaknesses:

3) **LIST** your Extracurricular Activities or Hobbies:

4) **LIST** your Volunteer Activities:

5) **LIST** any Life Experiences that have led you in pursuing a degree in Nursing or Social Work.
Ex: Helped in providing care for grandmother. Working with children at my church.

Applicant Signature_____ **Date**_____

Tidelands COMMUNITY HOSPICE FOUNDATION

2024 1ST REFERENE FORM CHARACTER REFERENCE

Applicant Name_____

*Applicant please put your name, prior to giving to your Character Reference.

CHARACTER Reference Requirements & Reference Form Information

A Character Reference:

Is someone, such as a minister, church member, family friend or someone who has known you for an extended period of time and MUST be over 21 years of age and is someone not related to you nor is a School official or an Employer.

Character Reference Form:

- Must be completed, signed by Reference, and included in the completed Scholarship Application.
- A Reference Form cannot be mailed or delivered separately from the Scholarship Application.

CHARACTER REFERENCE

(Please print)

Reference Name_____

Address_____City_____

State_____Zip_____Telephone_____

1. In what capacity have you known the Candidate and for how long?

2. LIST three (3) qualities of the Applicant that will aid her/him in the career they are pursuing.

3. On a scale of 1 to 5 with 5 being the highest, please rate the applicant's:

_____Listening Ability _____Relating and Collaborating with others _____Integrity

_____Commitment to task _____Work ethic _____ Resilience _____

_____Ability to learn from mistakes _____ Handling of stress _____Time management

4. Any additional comments to help the Scholarship Committee evaluate Applicant.

Reference Signature_____**Date**_____

Tidelands COMMUNITY HOSPICE FOUNDATION

2024 2ND REFERENCE FORM SCHOOL OFFICIAL OR EMPLOYER REFERENCE FORM

Applicant Name_____

*Applicant please put your name, prior to giving School Official or Employer Reference

SCHOOL OFFICIAL/EMPLOYER Reference Requirements & Reference Form Information

A School Official or Employer Reference:

Must be a teacher, counselor, or coach or an employer or supervisor and must be 21 years of age and not related to Applicant.

School Official or Employer Reference Form:

- Must be completed, signed by Reference, and included in the completed Scholarship Application.
- A Reference Form cannot be mailed or delivered separately from the Scholarship Application.

SCHOOL OFFICIAL OR EMPLOYER REFERENCE

(Please print)

Reference Name_____

Address_____City_____

State_____Zip_____Telephone_____

1. How long have you known the applicant and in what capacity?

2. LIST three (3) qualities of the Applicant that will aid her/him in the career they are pursuing.

3. On a scale of 1 to 5 with **5 being the highest**, please rate the applicant's:

_____Academic or Work Accomplishments_____Relating and Collaborating with others

_____ Leadership abilities _____Commitment to task _____Work ethic _____Integrity

_____ Handling of stress _____Ability to learn from mistakes _____Resilience

_____ Time management

4. Any additional comments you may have to help the Scholarship Committee evaluate this candidate:

Reference Signature_____**Date**_____