

# McLeod Volunteer Auxiliary Scholarship

(Includes the Marilyn Godbold, June B. Smith, and Sylvia Slone Kitchen Nursing Scholarships)

## This scholarship may be right for you!

### Criteria:

- ☒ Reside in the Pee Dee Region
- ☒ Plan to study a health-related career at an accredited college
- ☒ Have at least a 3.5 GPA
- ☒ Have earned at least a 21 on the ACT
- ☒ Have earned at least an 800 on the SAT
- ☒ Complete an application
- ☒ Submit a transcript and personal recommendations

**\$500.00 – \$750.00 per semester**

**Write or call for an application:**

**McLeod Regional Medical Center  
Volunteer Services**

P.O. Box 100551

Florence, SC 29501-0051

**(843) 777-2082 or (843) 777-2234**

***Submission Deadline is June 5, 2024***

**McLeod Health**

The Choice for Medical Excellence

# McLeod Health

## The Choice for Medical Excellence

Dear Scholarship Applicant:

Thank you for your interest in the McLeod Regional Medical Center Volunteer Auxiliary Health Education Assistance Fund for residents of the Pee Dee Region of South Carolina. This region includes the following counties: Chesterfield, Clarendon, Darlington, Dillon, Florence, Georgetown, Horry, Lee, Marion, Marlboro, Sumter, and Williamsburg. Any resident of these counties studying or planning to study for a health-related career at an accredited school is eligible for financial assistance from this fund.

If all criteria are met, applicants may draw on this fund up to eight (8) semesters but must re-apply each time. A new continuing scholarship is NOT automatic from the Auxiliary.

The award amount ranges from \$500 - \$750. As an applicant, you will need to:

1. Complete the application form and recommendations forms attached.
2. Procure your transcript, SAT or ACT scores, and GPA.
3. Write a one-page essay describing your goals and aspirations as they pertain to a health-care career, discuss what or who inspired you and why you are applying for a scholarship from McLeod Auxiliary.
4. Provide a copy of your acceptance letter from college.

**Return all completed forms, information, and transcript of grades to:**

**McLeod Regional Medical Center  
Volunteer Services Department  
Scholarship Committee  
P.O. Box 100551  
Florence, SC 29502-0551**

**All forms must be returned to the committee by:**

**- June 5th for the fall semester**

**- January 5th for the spring semester (continuing applications only)**

**Please note that incomplete applications will NOT be considered.**

A personal interview is required to complete the application process for first time applicants. You will be notified of the time and location. Thank you again for your interest. Should you have any questions, please call our office at (843)777-2082 or (843)777-2234.

Sincerely,

Ellen Hearne, Chairperson  
McLeod Volunteer Auxiliary  
Scholarship Committee

555 East Cheves Street • P.O. Box 100551 • Florence, SC 29502-0551 • Phone (843) 777-2000 • [www.mcleodhealth.org](http://www.mcleodhealth.org)

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*McLeod Regional Medical Center • Cheraw • Clarendon • Darlington • Dillon • Loris • Seacoast*

**SCHOLARSHIP REQUIREMENTS FOR**

## HIGH SCHOOL GRADUATES AND FIRST TIME APPLICANTS

1. All applicants must be a resident of the Pee Dee Region of South Carolina which includes the following counties: Chesterfield, Clarendon, Darlington, Dillon, Florence, Georgetown, Horry, Lee, Marion, Marlboro, Sumter, and Williamsburg.
2. An applicant must be pursuing a career in a hospital health related field (Pre-Med, BSN, RN, MT, OT, PT, and other such careers associated with hospital medicine.)
3. All completed scholarship applications must be received by **JUNE 5<sup>th</sup>** for the Fall term and **January 5<sup>th</sup>** for Spring term. No new applications will be accepted in the Spring.
4. All returned application packets **must** include the following items:
  - The scholarship application properly completed
  - Copy of up-to-date high school transcript with:
    - SAT scores (800 or above required) or
    - ACT scores (21 or above required)
    - GPA (3.5 or above) and date of graduation
  - Three (3) recommendations to be submitted (forms attached)  
Evaluators must be Teachers, Employers, Counselors, and/or Coaches
  - Letter of acceptance from an accredited school
  - Your essay, your goals and healthcare aspirations
5. All award recipients **must** maintain a semester 3.0 GPA or above and carry a full course load.
  - If grades are not met, applicants may reapply the following semester, grades must be met at the end of that term.
  - If an applicant has two concurrent semesters that grades fall below a 3.0 GPA, he/she may not reapply
6. **Scholarships are given according to availability of funds, with no guarantee of continued aid.**
7. Scholarships are awarded for full-time students pursuing an associate degree at a Technical College or a Baccalaureate Degree at an accredited college/university.
8. Applications for Technical School Summer sessions must be returned immediately following the completion of Spring semester.
9. Should unusual circumstances prevent the Scholarship recipient from enrolling/attending the school after funds have been dispersed to the institution, it remains the responsibility of the student to inform McLeod Volunteer Services immediately and coordinate reimbursement. Failure to do so will prevent a reapplication for future funds. Schools, at no time, should issue or give any unused funds directly to the student. All unused funds are to be returned to the McLeod Regional Medical Center Auxiliary at PO Box 100551, Florence, SC 29502-0551.
10. Maximum monetary award for each student is \$6,000 or \$750 per semester unless the student is a recipient of the Marilyn Godbold scholarship, June Smith Scholarship, or the Sylvia Slone Kitchen Memorial Nursing Scholarship. Continuing assistance is available for eight (8) semesters.  
We do **NOT** offer post graduate assistance.
11. Marilyn Godbold Scholarship will be \$1000 per semester  
June Smith is \$500 per semester  
Sylvia Slone Kitchen Memorial Nursing Scholarship is \$500 per semester
12. Students receiving excess scholarship funds may use these funds toward books from the University.



# McLeod

## Regional Medical Center

### Auxiliary Scholarship Application

**DEADLINE** - Application and required documents must be submitted to the Volunteer Services Office by **5pm on June 5th**.

#### 1. PERSONAL INFORMATION (Applicant)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Cell phone#: \_\_\_\_\_ Home phone#: \_\_\_\_\_  
Email: \_\_\_\_\_ SSN: \_\_\_\_\_ College Student ID: \_\_\_\_\_

#### PARENT 1:

Name: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_  
Email address: \_\_\_\_\_ Work Phone#: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

#### PARENT 2:

Name: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_  
Email address: \_\_\_\_\_ Work Phone#: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

#### 2. EDUCATIONAL BACKGROUND

Name of High School(s)	Address	Current grade
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Name of college, university, or technical school you plan to attend in the **Fall of 2024**:

Name of college, university, or technical school attending:

Name of College/University/Technical College	Location	Semesters completed
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Major or area of specialization: \_\_\_\_\_

Scholastic standing: Accumulated GPA (must be 3.5 or higher): \_\_\_\_\_

Aptitude or Achievement test: SAT Score: \_\_\_\_\_ ACT Score: \_\_\_\_\_

In what area of health care do you plan to pursue as a career? \_\_\_\_\_

### 3. ACTIVITIES

List school activities or organizations in which you participated. Include offices held in local, state, or national organizations: \_\_\_\_\_

Community Activities: \_\_\_\_\_

Please list any awards, honors, scholarships, etc. you have received: \_\_\_\_\_

### 4. FINANCIAL INFORMATION

Name of school, address of its Financial Aid office, and course of study you plan to pursue for your healthcare related career and for which you are requesting financial assistance. (Include acceptance letter).

School Name and address: \_\_\_\_\_

Student ID #: \_\_\_\_\_

Course of Study: \_\_\_\_\_

Financial Assistance: \_\_\_\_\_

Projected Graduation Date: \_\_\_\_\_

How much is tuition for one semester? \_\_\_\_\_

List amount and source of funds that will be available for your education for one semester: (Required)

Self: \$ \_\_\_\_\_ Relatives: \$ \_\_\_\_\_

\*List all scholarships and amounts, plus pending scholarships: \_\_\_\_\_

Are you receiving any other funding from McLeod Health? If so, how much? \_\_\_\_\_

### 5. VOLUNTEERING INFORMATION

Volunteerism is an important part of life. Please share with us your volunteer experiences.

Volunteer Activities: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

# McLeod

## Regional Medical Center

**Note: (Please supply envelope and stamp for reference.)**

I, \_\_\_\_\_, am applying for a health-related scholarship from the McLeod Regional Medical Center Auxiliary. I hereby authorize the release of the requested information to the McLeod Volunteer Auxiliary.

\_\_\_\_\_  
Signature Phone# Date

=====

1. When did you first know the applicant? From \_\_\_\_\_ To \_\_\_\_\_

2. What is your relationship to the applicant? (No relatives)

\_\_\_\_ Supervisor/Employer

\_\_\_\_ Guidance Counselor

\_\_\_\_ Teacher

\_\_\_\_ Coach

3. Please describe the applicant in terms of quality of work, dependability, cooperation, initiative, and attitude.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional comments: \_\_\_\_\_

\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Street or P.O. Box City, State, Zip Code Phone Number

Email address: \_\_\_\_\_

Please mail this form directly to:  
**VOLUNTEER SERVICES, SCHOLARSHIP COMMITTEE**  
**McLeod Regional Medical Center**  
**P.O. Box 100551, Florence, SC 29502-0551**  
**BY: JUNE 5TH PRIOR TO FALL TERM**

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\_\_\_\_ Teacher      \_\_\_\_ Coach

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional comments: \_\_\_\_\_

\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Street or P.O. Box City, State, Zip Code Phone Number

Email address: \_\_\_\_\_

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Signature

\_\_\_\_\_  
Phone#

\_\_\_\_\_  
Date

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\_\_\_\_\_  
Additional comments: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Street or P.O. Box

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Phone Number

Email address: \_\_\_\_\_

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