

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

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 5th** for the Fall term and **January 5th** 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.

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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 |
|------------------------|---------|---------------|
|------------------------|---------|---------------|

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 |
|--|----------|---------------------|
|--|----------|---------------------|

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: _____

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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

=====

3. 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**