

# 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 a county served by McLeod Health  
(Chesterfield, Clarendon, Darlington, Dillon, Florence, Georgetown, Horry, Lee, Marion, Marlboro, Sumter, or Williamsburg)
- Plan to study a health-related career at an accredited college
- Have at least a 3.5 GPA
- Have earned at least a 22 on the ACT
- Have earned at least an 1,000 on the SAT
- Complete an application
- Submit a current transcript and personal recommendations

**\$500.00 – \$1,000.00 per semester**

Write or call for an application:

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

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

Submission Deadline is June 5, 2026

## McLeod Health

The Choice for Medical Excellence

# McLeod Health

## The Choice for Medical Excellence

Dear High School Guidance Counselors,

We are writing to inform you about a scholarship opportunity available to graduating high school seniors or current undergraduate students, designed to support their educational pursuits in a healthcare field. We encourage you to share this information with any students who may be eligible and interested in applying for assistance.

The McLeod Regional Medical Center Volunteer Auxiliary has established a Health Education Assistance Fund to provide financial support to a limited number of students residing in the Pee Dee region of South Carolina to include the following counties: Chesterfield, Clarendon, Darlington, Dillon, Florence, Georgetown, Horry, Lee, Marion, Marlboro, Sumter, and Williamsburg. To be eligible, applicants must be planning to pursue a health-related career at an accredited institution. The fund offers financial assistance ranging from \$500.00 to \$1,000.00 per semester, with a maximum award period of eight semesters. To qualify, applicants must possess a minimum GPA of 3.5 or higher, an SAT score of 1000 or above, or an ACT score of 22 or higher.

The application package must include the following documents:

- a. Completed application form
- b. Official transcript from the school office
- c. Three (3) letters of professional recommendation
- d. Personal statement outlining your goals and healthcare aspirations
- e. Letter of acceptance from the specified college or university

**Incomplete submissions will not be considered**

The Auxiliary Scholarship Committee will conduct the final selection based on academic excellence, community involvement, and demonstrated financial need. A personal interview will be required as part of the selection process. Interested applicants who meet the eligibility criteria and are pursuing a health-related field should contact the McLeod Health Volunteer Services Office at 843-777-2082 or email [teresa.timmons@mcleodhealth.org](mailto:teresa.timmons@mcleodhealth.org) to request an application. The deadline for submitting all required documents and the application is **June 5, 2026**.

Please address all correspondence to McLeod Regional Medical Center, Volunteer Services Department, Scholarship Committee, P.O. Box 100551, Florence, SC 29502-0051. We appreciate your interest and encourage your students to take advantage of this opportunity.

Sincerely,

*Ellen Hearne*

Ellen Hearne, Scholarship Committee Chairperson  
McLeod Regional Medical Center Volunteer Auxiliary  
843-777-9757 (Fax)

Enclosed: Scholarship Flyer  
Revised: 9/18, 9/19, 3/21, 2/22, 3/23, 2/24, 2/25, 2/26

# 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. We are excited to support students who are pursuing careers in healthcare. This scholarship is available to students who live in the following counties: Chesterfield, Clarendon, Darlington, Dillon, Florence, Georgetown, Horry, Lee, Marion, Marlboro, Sumter, and Williamsburg.

To be eligible, you must be a graduating high school senior or a current college student who lives in one of the listed counties and is pursuing or planning to pursue a health-related career at an accredited college or university.

If all eligibility requirements are met, applicants may receive scholarship assistance for up to eight (8) semesters. A new application must be submitted for each semester. Please note that renewal scholarships are NOT automatically awarded by the Auxiliary Committee.

The award amount ranges from \$500 - \$1000 per semester. **To apply, please submit the following:**

1. A completed application and recommendation forms
2. Your most recent transcript, along with SAT or ACT scores, and GPA.
3. A one-page essay describing your career goals and aspirations in healthcare, what or who inspired you, and why you are applying for a scholarship from the McLeod Auxiliary.
4. A copy of your college acceptance letter.
5. **This scholarship is for undergraduate students ONLY!**

**Please submit all required materials by June 5, 2026, to:**

McLeod Health Volunteer Services Department  
Attn: Scholarship Committee  
P.O. Box 100551  
Florence, SC 29502-0551

You may also email your application and documents in PDF format to: [teresa.timmons@mcleodhealth.org](mailto:teresa.timmons@mcleodhealth.org)  
**Incomplete applications will not be considered, so please be sure all required materials are included.**

The Auxiliary Scholarship Committee selects recipients based on academic excellence, community involvement, and demonstrated financial need. A personal interview is required as part of the selection process for first-time applicants. You will be contacted with details if selected for an interview. Thank you again for your interest in the McLeod Auxiliary Scholarship. Should you have any questions, please call the Volunteer Services office at (843)777-2082 or fax to (843)777-9757.

Sincerely,  
*Ellen Hearne*

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)

## SCHOLARSHIP REQUIREMENTS FOR HIGH SCHOOL GRADUATES AND FIRST TIME APPLICANTS

1. To be considered, applicants must live in the Pee Dee Region of South Carolina, specifically in one of the following counties: Chesterfield, Clarendon, Darlington, Dillon, Florence, Georgetown, Horry, Lee, Marion, Marlboro, Sumter, and Williamsburg.
2. Eligible applicants must pursue a hospital health-related career, including but not limited to Pre-Med, BSN, RN, MT, OT, PT, and other careers associated with hospital medicine.
3. All scholarship applications for the Fall semester must be received by **JUNE 5<sup>th</sup>**  
*Please note: New applications are not accepted for the Spring semester.*
4. All returned application packets **must** include the following required documents:
  - The scholarship application, properly completed
  - **High school seniors:** An up-to-date high school transcript with an unweighted GPA of 3.5 or above and graduation date
  - **Current college students:** An up-to-date college/university transcript with GPA 3.0 or above
  - SAT score report (minimum score 1000) or
  - ACT score report (minimum score 22)
  - Three (3) letters of recommendation to be submitted (forms attached):  
Recommenders must be a teacher, academic advisor, employer, counselor, pastor, professor, or coach
  - A letter of acceptance from an accredited college, university, or technical school
  - A Written essay outlining your career goals and healthcare aspirations
5. Recipients must maintain a minimum semester GPA of 3.0 and remain enrolled full-time.
  - If the GPA requirement is not met, recipients may reapply the following semester; however, the GPA requirement must be met by the end of that term.
  - Recipients who fall below a 3.0 GPA for two (2) consecutive semesters will not be eligible to reapply.
6. Scholarships are awarded based on available funding and continue assistance is not guaranteed.
7. Scholarships are awarded to full-time undergraduate students only who are pursuing an associate degree at a Technical College or a Baccalaureate Degree at an accredited college or university. **Not for postgraduate studies.**
8. Applications for Summer sessions must be submitted immediately following the completion of Spring semester.
9. If unexpected circumstances prevent a student from enrolling or attending school after scholarship funds have been dispersed to the institution, the student must notify McLeod Volunteer Services immediately and arrange reimbursement. Failure to do so will make the student ineligible to apply for future scholarship funds.
10. The maximum total award per student is \$8000 (or \$1000 per semester) unless the student is a recipient of the June B. Smith, Marilyn Godbold, or Sylvia Slone Kitchen Memorial Nursing Scholarships.  
**Scholarships:**
  - The Auxiliary Scholarship:** \$1000 per semester (*number of recipients depends on funding*)
  - The Marilyn Godbold Scholarship:** \$1750 per semester (*awarded to a former Jr. Volunteer- every four years*)
  - The June B. Smith Scholarship:** \$1250 per semester (*one recipient every four years*)
  - The Sylvia Slone Kitchen Memorial Nursing Scholarship:** \$500 per semester (*based on available funding*)
11. Continuing assistance is available for up to eight (8) semesters, provided eligibility requirements are met.
12. Scholarship funds will be applied to tuition, textbooks, supplies, equipment, room and board and other approved educational expenses.

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

Email Address: \_\_\_\_\_

#### PARENT/GUARDIAN 1:

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

#### PARENT/GUARDIAN 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 2026**:  
\_\_\_\_\_

Name of college, university, or technical school you are **currently** attending:

Name of College/University/Technical College	Location	Semesters completed
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Major or Health Care Career You Plan to Pursue: \_\_\_\_\_

Scholastic standing: Accumulated unweighted GPA (4.0 scale)

**High School Seniors:** Minimum GPA of 3.5 or higher GPA: \_\_\_\_\_

**Current College Students:** Minimum GPA of 3.0 or higher GPA: \_\_\_\_\_

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

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

Is your parent or guardian employed by McLeod Health? Yes or No

**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. COLLEGE/UNIVERSITY 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 #: \_\_\_\_\_

Major: \_\_\_\_\_

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

Amount of Financial Assistance Needed: \$ \_\_\_\_\_

Cost of Attendance for one (1) semester? (including tuition, housing, books, etc.) \$ \_\_\_\_\_

List amount and source of funds that will be available for your expenses this semester:

Self: \$ \_\_\_\_\_ Relatives/Family: \$ \_\_\_\_\_ Other (please specify) \$ \_\_\_\_\_

Are you applying for federal, state, or institutional aid? Yes or No

Do you expect outside scholarships or grants? Yes or No (If yes, list names and amounts)

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

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

\_\_\_\_\_

**5. VOLUNTEERING INFORMATION** Are you a former McLeod Health Junior Volunteer? Yes or No  
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

### Scholarship Recommendation Form

Note: (Please supply envelope and stamp for recommender.)

Student Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

The above-named student is applying for a health-related scholarship from the McLeod Regional Medical Center Auxiliary. To support their application, please provide the requested information below. You may either return the completed form to the student to include in their scholarship packet or submit it directly to the Scholarship Committee via mail or email.

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

=====

1. How long have you known the applicant? \_\_\_\_\_

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

\_\_\_\_ Supervisor/Employer    \_\_\_\_ Pastor    \_\_\_\_ Guidance Counselor  
\_\_\_\_ Teacher    \_\_\_\_ Coach    \_\_\_\_ Professor    \_\_\_\_ Academic Advisor

3. Please provide a detailed description of the applicant's quality of work, dependability, cooperation, initiative, and attitude.

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

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

\_\_\_\_\_

Recommender's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Recommender's Email address: \_\_\_\_\_

Please submit this form directly to:  
McLeod Volunteer Services Department  
Attn: SCHOLARSHIP COMMITTEE

P.O. Box 100551

Florence, SC 29502-0551

Email: [teresa.timmons@mcleodhealth.org](mailto:teresa.timmons@mcleodhealth.org) or Fax: 843-777-9757

Deadline: JUNE 5<sup>th</sup>

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\_\_\_\_\_  
Student Signature

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

\_\_\_\_\_  
Date

=====

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

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

\_\_\_\_\_

Recommender's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

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

Recommender's Email address: \_\_\_\_\_

Please submit this form directly to:

McLeod Volunteer Services Department

Attn: SCHOLARSHIP COMMITTEE

P.O. Box 100551

Florence, SC 29502-0551

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

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

\_\_\_\_\_

Recommender's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Recommender's Email address: \_\_\_\_\_

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Deadline: JUNE 5<sup>th</sup>