



Auxiliary Scholarship Application

The Auxiliary of Carolina Pines Regional Medical Center offers scholarships to outstanding students in Chesterfield, Darlington, Lee, and Marlboro Counties who are preparing for careers in a medically related field. * These scholarships are for one year and are not automatically renewable from year to year. In the past, awards have ranged from \$500-\$1000. Successful applicants must be able to furnish proof of acceptance or continuing enrollment in an accredited college or university. Applicants will be evaluated on their personal statement, academic achievement, school and community involvement, and a recommendation from a classroom teacher, counselor, or academic advisor.

The following sections of the application must be received by the Auxiliary before an application will be considered.

1. Completed application.
2. Academic transcript. High school applicants must submit a transcript of courses taken through the senior year. College applicants must submit both high school and college transcripts.
3. One reference letter from a classroom teacher, counselor, or academic advisor.

The completed application should be brought to the Human Resources Office located on the first floor of the hospital or mailed to:

Auxiliary Scholarship Committee
Carolina Pines Regional Medical Center
1304 West Bobo Newsom Highway
Hartsville, SC 29550

The deadline for applications to be received at Carolina Pines Regional Medical Center is Thursday, April

1. Late applications or incomplete applications will not be accepted.

**A medically related field for this scholarship is defined as a “practitioner of medicine in a discipline found in a hospital or physician’s office” as contrasted to tangential fields such as dentistry, counseling, learning disabilities, administration, research, technology, chiropractic medicine, etc.*

Auxiliary Scholarship Application

1. Personal Information

Full Name _____ Gender _____

Date of Birth _____ Age _____

Mailing Address _____

_____ Cell Number _____

2. Educational Record: List the names of your schools, dates of attendance, diploma and/or degree.

High School: _____

Technical/Business School: _____

College/ University: _____

Graduate School: _____

3. Personal Statement: Include information you wish to bring to the attention of the Scholarship Committee. This is your chance to brag! What makes you a good candidate for this scholarship? Discuss your interests, achievements, community service, personal qualities, etc. Also mention your tentative career plans in the medical field. You may write your answer in the space provided below or attach your answer on a separate piece of paper.

4. Reference: List the name, address, and cell number of the teacher, counselor, or academic adviser you wish to write a recommendation for you.

Name _____

Title _____

Address _____

Cell Phone _____

The required reference form is attached. Please give this form to the appropriate individual along with a stamped envelope. Please ask your recommender to submit the proper form by the application deadline of April 1, 2021. The recommendation should be mailed to:

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Please provide two words or phrases which you feel best describe the candidate:

With all factors considered, this applicant is:

_____ One of the best I have encountered in my career (top 5%)

_____ One I recommend with confidence

_____ One I mildly recommend

_____ One I do not recommend

Name _____

Position _____

How long have you known the applicant _____

Telephone _____