

## **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.

 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.
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

<u>The deadline for applications to be received at Carolina Pines Regional Medical Center is Thursday, April</u> <u>1. Late applications or incomplete applications will not be accepted.</u>

\*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	
<b>2. Educational Record:</b> List the names or degree.	f your schools, dates of att	endance, diploma and/or
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.

Cell Phone \_\_\_\_\_

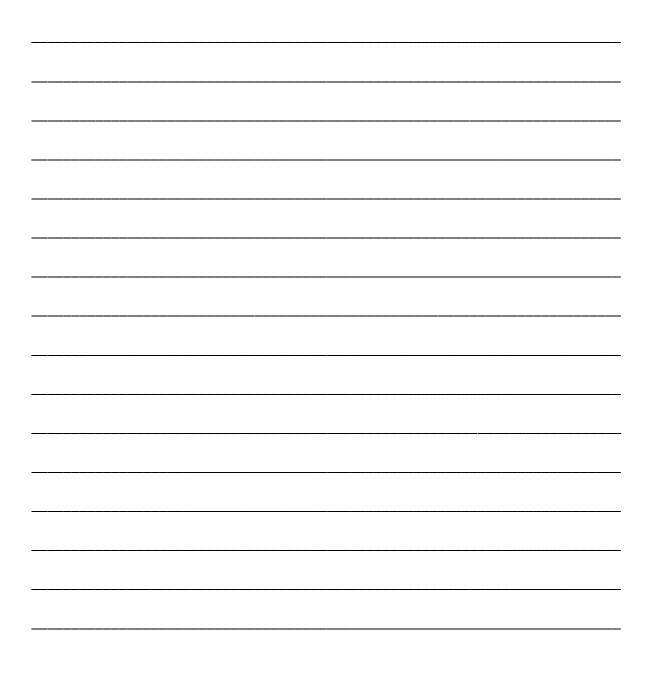
The required reference form is attached. Please give this form to the appropriate individual along with a stamped envelope. Please ask your recommender to submit the proper form by the application deadline of April 1, 2021. The recommendation should be mailed to:

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

## 2021 Auxiliary Scholarship Recommendation Form

Reference for \_\_\_\_\_\_

The individual named above has applied for a scholarship offered by the Auxiliary of the Carolina Pines Regional Medical Center and has submitted you name as a reference. This is an "open-ended recommendation" so feel free to provide information you think will help the committee assess the candidate's suitability for the scholarship. The candidate has been asked to provide you with a stamped, addressed envelope in which to mail your recommendation. The deadline for the completed application is Thursday, April 1, 2021. Thank you in advance for your time and willingness to help the Auxiliary with this important outreach. Please type if possible. Attach a separate sheet if necessary.



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