



## Auxiliary Scholarship Application 2025

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. Since 2017, more than approximately \$170,000 has been awarded to deserving individuals ranging in age from 17 to over 60 years of age. 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 should submit their college transcripts.
3. A reference letter from a classroom teacher, counselor, or academic advisor.
4. A personal statement of no more than 500 words. In your statement, indicate why you believe you are an excellent candidate for an Auxiliary scholarship. Include your tentative career plans and do not hesitate “to sell yourself” in the writing of your statement. Include a personal resume if you wish. Remember, this is a competitive scholarship.

The deadline to return the completed application is Wednesday, March 19. Applications postmarked after that date will not be accepted. **The mailing address is:**

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

The application can also be emailed to [charlotte.adams@cprmc.com](mailto:charlotte.adams@cprmc.com) or dropped off at the Human Resources Office on the first floor of the hospital.

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



2025 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. Attach a separate sheet of paper if necessary.

High School: \_\_\_\_\_

\_\_\_\_\_

Technical/Business School: \_\_\_\_\_

\_\_\_\_\_

College/ University: \_\_\_\_\_

\_\_\_\_\_

Graduate School: \_\_\_\_\_

\_\_\_\_\_





**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 March 19, 2025. The recommendation should be mailed to:

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





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

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Name \_\_\_\_\_

Position \_\_\_\_\_

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

Telephone \_\_\_\_\_

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