

## **SELF REGIONAL HEALTHCARE CHARLOTTE BLACKWELL MEMORIAL NURSING SCHOLARSHIP**

### Description

A scholarship program has been established in memory of Charlotte Blackwell, one of the most dedicated and inspiring nurses ever to serve at Self Regional Healthcare. Charlotte passed away in 2005 and her friends and colleagues established a scholarship program for future nurses who attend Lander University or Piedmont Technical College and wish to spend their careers here at Self Regional.

Scholarships will be awarded to **graduating high school seniors or current nursing students** who meet the criteria specified below.

The number of scholarships given each year and the value of the scholarships will be determined based on available funding at the discretion of the Scholarship Committee.

Scholarships will be administered by the Self Regional Healthcare Foundation.

### Criteria

The Scholarship Committee will review applications and recipients will be selected based on the following criteria:

1. Recipients must reside in the Self Regional Healthcare's service area (Greenwood, Laurens, Edgefield, Abbeville, McCormick, or Saluda Counties).
2. Must attend Lander University or Piedmont Technical College in order to receive this scholarship.
3. Must profess a desire to pursue a nursing career at Self Regional Healthcare.
4. Possess an excellent academic record (B average or better).
5. Exhibit strong evidence of commitment to the nursing profession.
6. Must have exceptional interpersonal skills.
7. Demonstrate outstanding clinical nursing skills or potential based on work experience and/or academic interests.
8. Financial need.

### Renew ability

Each scholarship is a one-time grant and must be used between the summer of 2012 and spring of 2013. A recipient who has maintained a B average or better may reapply, but must follow the application process and will be considered along with other applicants.

Procedure for Application

Applications will be accepted by the Self Regional Healthcare Foundation from January 1 to March 29 of each year.

Applications are to be mailed to the address below and **ARE TO INCLUDE YOUR LATEST, OFFICIAL TRANSCRIPT AND, IN A SEPARATE SEALED ENVELOPE(S), AT LEAST ONE LETTER OF RECOMMENDATION FROM A TEACHER, COUNSELOR, OR WORK SUPERVISOR:**

Charlotte Blackwell Memorial Scholarship Committee  
c/o The Self Regional Healthcare Foundation  
1325 Spring Street  
Greenwood, SC 29646

Scholarship winners will be announced on May 1<sup>st</sup> of the current year.

**SELF REGIONAL HEALTHCARE FOUNDATION**

**APPLICATION FOR CHARLOTTE BLACKWELL MEMORIAL NURSING SCHOLARSHIP**

**1. NAME** \_\_\_\_\_  
Last First Middle

**2. HOME ADDRESS** \_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip Code County

**3. TELEPHONE NUMBER:** Home \_\_\_\_\_ Work \_\_\_\_\_

**4. WORK EXPERIENCE:**

Currently employed: YES \_\_\_\_\_ NO \_\_\_\_\_ Monthly Salary: \$ \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Number of hours worked per week \_\_\_\_\_

**5. Activities that you feel have been or will be helpful to you in nursing:**

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

**6. Career plans over the next five years:**

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

**7. Long term goals in nursing:**

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

**8. Please provide information that you feel will give a more complete and accurate picture of yourself, e.g., background, personal philosophy or traits, goals, intellectual and personal growth, etc. Be sure to describe the influence of these factors. Please be concise and limit your response to one or two pages.**

RN's ONLY: Check the appropriate information which applies to you:

- I currently work or have worked as an RN.
- I currently work or have worked in occupational health nursing.
- I currently work or have worked in public health nursing.
- I currently work or have worked in psychiatric/mental health nursing.
- I currently work or have worked in critical care nursing.
- I am currently involved or have been involved in substance abuse nursing.

**9. Information on intended program of study:**

Name and location of program \_\_\_\_\_

Name of major or course taken \_\_\_\_\_

Registration date \_\_\_\_\_ Total length of course \_\_\_\_\_

Expected date of graduation \_\_\_\_\_ School tuition charges \_\_\_\_\_

**10. Source(s) of income:**

Self	\$ _____	Annual Income
Spouse/Parent(s)	\$ _____	Annual Income
Employer Educational Assistance	\$ _____	
Scholarship(s)	\$ _____	Annually

**11. If there are extenuating circumstances suggesting financial need, please explain briefly:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**12. Should I receive the Charlotte Blackwell Memorial Nursing Scholarship:**

I am willing to have my award made public	_____	Yes	_____	No
I am willing to write a letter of appreciation to the donor	_____	Yes	_____	No
I am willing to have my name provided to the donor	_____	Yes	_____	No

I certify that the information submitted on this application is correct to the best of my knowledge. I grant permission to the selection committee to verify the information I have provided with my employer and/or school.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_