

SELF REGIONAL HEALTHCARE FRANK SPOONE MEMORIAL SCHOLARSHIP

Description

A scholarship program has been established in memory of Frank Spoone, one of the most dedicated and unique Respiratory Therapists ever to serve at Self Regional Healthcare. Frank passed away in 2004 and his friends and colleagues established a scholarship program for future Respiratory Therapists who attend Piedmont Technical College and wish to spend their careers here at Self Regional.

Scholarships will be awarded to **second year Respiratory Care 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 Piedmont Technical College in order to receive this scholarship.
3. Must profess a desire to pursue a Respiratory therapy career at Self Regional Healthcare.
4. Possess an excellent academic record (B average or better).
5. Exhibit strong evidence of commitment to the Respiratory profession.
6. Must have exceptional interpersonal skills.
7. Demonstrate outstanding clinical skills or potential based on work experience and/or academic interests.
8. Financial need.

Renewability

Each scholarship is a one-time grant and must be used between the spring of 2012 and fall of 2012.

Procedure for Application

Applications will be accepted by the Self Regional Healthcare Foundation from September 1 to September 30 of each year.

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

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

Scholarship(s) will be awarded during Respiratory Care Week

8. Source(s) of income:

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

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

10. Should I receive the Frank Spooone Memorial 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 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** _____

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