

**SELF REGIONAL HEALTHCARE**  
**M. John and Drenda Heydel Respiratory Therapy Scholarship**

History of John Heydel

John Heydel was the President and CEO of Self Regional Healthcare from 1998 until 2008. He began his career as a medic in the United States Air Force from 1963 – 67, serving his final tour of duty stationed in DaNang during the Vietnam War. Returning to the West coast, he entered college to study respiratory therapy, working as an orderly while attending college. By 1973 he was teaching respiratory therapy at Stanford Medical Center, and a year later he became the Administrative Director of Respiratory Therapy Services. At the time it was the largest RT department in the country with 60 employees. By 1992 he was the President and Chief Executive Officer of Providence Hospital in Columbia, serving in that capacity until accepting the same position at Self Regional Healthcare.

Description

The scholarship(s) will be awarded annually by the Self Regional Healthcare Foundation from the M. John and Drenda Heydel Respiratory Therapy Scholarship Fund to persons enrolled at Piedmont Technical College in the Respiratory Therapy Program.

Scholarships will be awarded to first and/or second year respiratory therapy students who meet the criteria specified below.

Each scholarship awarded will be for \$1,000.00. However, the number of scholarships given each year will be determined by 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.
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:

M. John and Drenda Heydel Scholarship Committee  
c/o The Self Regional Healthcare Foundation  
1325 Spring Street  
Greenwood, SC 29646

Scholarship(s) will be awarded during Respiratory Care Week

**SELF REGIONAL HEALTHCARE FOUNDATION**

**APPLICATION FOR M. JOHN & DRENDA HEYDEL RESPIRATORY THERAPY SCHOLARSHIP**

**1. NAME** \_\_\_\_\_  
Last First Middle Social Security Number

**2. HOME ADDRESS** \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip Code County

**3. TELEPHONE NUMBER:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**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 Respiratory Care**

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

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

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

**7. Long term goals in Respiratory Care:**

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

**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.**

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

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

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

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**11. Should I receive the M. John and Drenda Heydel Respiratory Therapy 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** \_\_\_\_\_