

Self Regional Healthcare Foundation
May-Magruder Laboratory Scholarship

Description:

The May-Magruder Scholarship program has been established in memory of Dr. Hunter W. May and in honor of Dr. C. Herbert Magruder. Dr. May came to Self Regional in 1953 and his many accomplishments during his career at SRH include establishing a tissue lab and the Self Memorial School of Medical Technology. Dr. Magruder came to Self Regional in 1963 and during his career oversaw the direction of the blood bank, hematology and chemistry. He later served as director of the School of Medical Technology.

Dr. May and Dr. Magruder were both instrumental in the ongoing education of laboratory personnel at Self Regional Healthcare. With the establishment of this scholarship, we hope to continue their commitment to providing the patients at Self Regional Healthcare with the best possible laboratory professionals in the field.

Scholarships will be awarded to students accepted into an accredited laboratory education program and/or current laboratory professionals seeking to enhance their career with the aid of continuing education. The number of scholarships presented each year and the value of each scholarship will be based on available funding at the discretion of the Scholarship Committee. Scholarships will be administered by the Self Regional Healthcare Foundation.

Criteria:

1. Recipients must reside within the state of South Carolina and attend an accredited laboratory program or be a current SRH laboratory professional seeking continuing education opportunities.
2. Recipients must have Self Regional Healthcare as a clinical site of choice.
3. Recipients must have a desire to pursue a career in the medical laboratory at Self Regional Healthcare.
4. Recipients must possess and maintain an overall B average.
5. Recipients must exhibit a strong commitment to the laboratory profession.
6. Recipients must exhibit exceptional interpersonal skills.
7. Recipients must have a financial need.

Renewability:

Each scholarship is a one-time grant and must be used between the summer of 2011 and spring of 2012. Recipients maintaining a B average or better may reapply. However, the application process must be followed each time. Past recipients will be considered along with each new applicant.

Procedure for Application:

Applications will be accepted by the Self Regional Healthcare Foundation until March 29th of each year. The scholarships will be awarded each April during National Medical Laboratory Professional week.

Applications are to be mailed to the address below, and are to include your latest, official transcript. Also, in a separate sealed envelope send at least two letters of recommendation. Letters of recommendation should be from someone unrelated to the applicant who can demonstrate the applicant's commitment and benefits to the field of laboratory science.

May-Magruder Laboratory Scholarship Committee
Self Regional Healthcare Foundation
1325 Spring Street
Greenwood, SC 29646

Registration date _____ Total length of course _____

Expected date of graduation _____ School tuition charges _____

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:

11. Should I receive the May-Magruder Laboratory 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

12. Write an essay explaining your choice of a laboratory profession. Please include information that you feel will give a more complete and accurate picture, e.g., background, personal philosophy or traits, goals, intellectual and personal growth, etc. Please be concise and limit your response to one or two pages.

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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