

**Self Regional Healthcare Foundation
Mary Ella Ruff Nursing Scholarship**

Description:

Scholarships will be awarded annually by The Self Regional Healthcare Foundation from its endowed Mary Ella Ruff Scholarship Fund to persons enrolled in a certified nursing program in the State of South Carolina or to practicing nurses who wish to advance their professional skills. The scholarships may be applied to tuition and/or fees for the program to which the applicant wishes to apply. Priority will be given to applicants who are employees of Self Regional Healthcare or immediate family members of Self Regional Healthcare employees.

Criteria:

1. Financial need.
2. Very client/patient oriented with outgoing personality.
3. Demonstrates outstanding clinical nursing skills.
4. Good scholastic record (B average or better).
5. Evidence of strong commitment to the nursing profession.
6. Lives in the Upper Savannah Region (Greenwood, Laurens, Edgefield, Abbeville, McCormick, or Saluda Counties).

Procedure for Application:

Applications will be accepted by the Self Regional Healthcare Foundation from January 1 until March 29 each year. The scholarship winners will be announced on May 1 of the current year. 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.

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. Applications are to be mailed to the address below and **ARE TO INCLUDE YOUR LATEST, OFFICIAL TRANSCRIPT, AND, IN A SEPARATE SEALED ENVELOPE, A LETTER OF RECOMMENDATION** from a teacher, counselor, or work supervisor. Mailing address:

Mary Ella Ruff Scholarship Committee
Self Regional Healthcare Foundation
1325 Spring Street
Greenwood, SC 29646

SELF REGIONAL HEALTHCARE FOUNDATION

APPLICATION FOR MARY ELLA RUFF 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 Mary Ella Ruff 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** _____