



Auxiliary Scholarship Application 2024

The Auxiliary of Carolina Pines Regional Medical Center offers scholarships to outstanding students in Chesterfield, Darlington, Lee, and Marlboro Counties who are preparing for careers in a medically related field.* These scholarships are for one year and are not automatically renewable from year to year. Since 2017, more than \$100,000 has been awarded to deserving individuals ranging in age from 17 to over 60 years of age. Successful applicants must be able to furnish proof of acceptance or continuing enrollment in an accredited college or university. Applicants will be evaluated on their personal statement, academic achievement, school and community involvement, and a recommendation from a classroom teacher, counselor, or academic advisor.

The following sections of the application must be received by the Auxiliary before an application will be considered.

1. Completed application.
2. Academic transcript. High school applicants must submit a transcript of courses taken through the senior year. College applicants should submit their college transcripts and freshman college students will need to submit their high school transcript plus their first semester college grades when they become available.
3. A reference letter from a classroom teacher, counselor, or academic advisor.
4. A personal statement of no more than 500 words. In your statement, indicate why you believe you are an excellent candidate for an Auxiliary scholarship. Include your tentative career plans and do not hesitate “to sell yourself” in the writing of your statement. Include a personal resume if you wish. Remember, this is a competitive scholarship.

The deadline to return the completed application is Wednesday, March 20. Applications postmarked after that date will not be accepted. The mailing address is:

Auxiliary Scholarship Committee
Carolina Pines Regional Medical Center
1304 West Bobo Newsom Highway
Hartsville, SC 29550

The application can also be emailed to charlotte.adams@cprmc.com or dropped off at the Human Resources Department on the first floor of the hospital.

**A medical related field for this scholarship is defined as a “practitioner of medicine in a discipline found in a hospital setting or physician’s office” as contrasted to tangential fields such as dentistry, counseling, learning disabilities, administration, research, technology, chiropractic medicine, etc.*



2023 Auxiliary Scholarship Application

1. Personal Information

Full Name _____ Gender _____

Date of Birth _____ Age _____

Mailing Address _____

_____ Cell Number _____

2. Educational Record: List the names of your schools, dates of attendance, diploma and/or degree.

High School: _____

Technical/Business School: _____

College/ University: _____

Graduate School: _____

3. Personal Statement: Include information you wish to bring to the attention of the Scholarship Committee. This is your chance to brag! What makes you a good candidate for this scholarship? Discuss your interests, achievements, community service, personal qualities, etc. Also mention your tentative career plans in the medical field. You may write your answer in the space provided or you may attach a separate piece of paper with your response. Type your statement if you wish.



4. Reference: List the name, address, and cell number of the teacher, counselor, or academic adviser you wish to write a recommendation for you.

Name _____

Title _____

Address _____

Cell Phone _____

The required reference form is attached. Please give this form to the appropriate individual along with a stamped envelope. Please ask your recommender to submit the proper form by the application deadline of March 20, 2024. The recommendation should be mailed to:

Auxiliary Scholarship Committee
Carolina Pines Regional Medical Center
1304 West Bobo Newsom Highway
Hartsville, SC 29550

2024 Auxiliary Scholarship Recommendation Form



Please provide two words or phrases which you feel best describe the candidate.

Name _____

Position _____

How long have you known the applicant? _____

Telephone _____

Please ask your recommender to submit the proper form by the application deadline of March 20, 2024. The recommendation should be mailed to:

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Hartsville, SC 29550