



The Regional Medical Center  
F•O•U•N•D•A•T•I•O•N

*A ♦ Window ♦ For ♦ Opportunity*

Dear Applicant:

Thank you for your interest in the Virginia Johnson Nursing Scholarships being offered by the Foundation of the Regional Medical Center of Orangeburg and Calhoun Counties.

The scholarship was established in honor of Virginia Blount Johnson, a registered nurse and beloved community leader and healthcare advocate, who left her indelible mark on the Orangeburg community. In her memory and through this scholarship, many prospective nurses will receive help in achieving their career goals.

Only students who are pursuing R.N. credentials through an associate's, a bachelor's or a graduate nursing degree program are eligible. Residents of Orangeburg or Calhoun County accepted into an accredited R.N. program anywhere may apply. Residents of adjacent counties who are enrolled in an accredited nursing program in Orangeburg may also apply.

If you are a first-time applicant, your application must be accompanied by a short essay explaining why you should be chosen to receive the Virginia B. Johnson Nursing Scholarship, three letters of recommendation to include one from a former professor/teacher (in your major if possible) and another from someone who can speak to your service to your school or community. Letters of recommendation should contain the title of the originator or information indicating his or her relationship to you. The Selection Committee also requires a copy of your acceptance letter to an accredited nursing school you are or will be attending and your most recent transcript. All applicants should know that the Scholarship Committee will place increasing emphasis on academic achievement.

Please note that in order to be considered for the scholarship, the Foundation must receive your completed application by May 29, 2009.

Sincerely,

Mac Burton, Executive Director  
RMC Foundation

Enclosures

3000 St. Matthews Road, Orangeburg, South Carolina 29118-1498

*For information about estate planning opportunities through the TRMC Foundation, call (803) 395-2321.*

# THE VIRGINIA B. JOHNSON NURSING SCHOLARSHIP

## TRMC Foundation

3000 St. Matthews Road • Orangeburg, SC 29118  
(803) 395-2231

+rmc  
the Regional Medical Center



## SCHOLARSHIP APPLICATION

For the \_\_\_\_\_ Academic Year

\*INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

\_\_\_\_\_  
Date Received

1. \_\_\_\_\_  
Student's Last Name                      First Name                      Middle Initial                      Name Called

Sex:  Male     Female

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MO              DAY              YEAR

\_\_\_\_\_  
Student's Social Security Number

\_\_\_\_\_  
Phone Number(s)

\_\_\_\_\_  
Student's Current Address (number and street)

\_\_\_\_\_  
City    State    Zip Code

\_\_\_\_\_  
Permanent mailing address (address at which mail will reach you if different than current address)

\_\_\_\_\_  
City    State    Zip Code

2. Student's Marital Status.....  Single  Married  Divorced/Separated/Widowed

3. Are you a legal resident of the United States?     Yes  No

4. Will you have been a resident of Orangeburg/Calhoun Counties for twelve consecutive months by September 1?.....  Yes                       No

**IMPORTANT: Deadline is May 29, 2009**

5. List name and address of high school(s) and college(s):

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

Highest Level Completed \_\_\_\_\_ year(s)  
attended/graduated  
\_\_\_\_\_ year graduated

Class Rank/GPA if available \_\_\_\_\_

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

Highest Level Completed \_\_\_\_\_ year(s)  
attended/graduated  
\_\_\_\_\_ year graduated

Class Rank/GPA if available \_\_\_\_\_

6. Please list the name and address of your current nursing program or the names and addresses of the accredited nursing programs to which you have been accepted:

a. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Estimated dollar amount that one (1) year of nursing would cost at institution where you have been accepted. Please break down by:

Room and Board \$ \_\_\_\_\_

Tuition & Fees \$ \_\_\_\_\_

Books \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

8. Why did you choose nursing as a career?

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

9. What other scholarships have you been awarded for the upcoming semester or year and what is the dollar value:

\_\_\_\_\_

10. Please describe your service to your school. \_\_\_\_\_

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11. Please describe your service to your community. \_\_\_\_\_

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12. List extra curricular activities or responsibilities (to include work experience, family responsibilities, volunteer work): \_\_\_\_\_

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**Applicants must submit the completed application with the following:**

- for first year nursing students, copy of your acceptance letter to an accredited nursing school
- for all applicants, copy of your most recent **official** transcript
- 3 letters of recommendation to include one from a former professor/teacher (in your major if possible) and another from someone who can speak to your service to your school or community – letters of recommendation must be signed and include the title or position of the author and relationship to the applicant
- a brief essay to the Committee explaining why you should be chosen to receive the Virginia B. Johnson Nursing Scholarship

## **STUDENT'S AGREEMENT**

I hereby certify that:

1. I will be a full-time student as defined by the institution I have selected and will be enrolled in the nursing curriculum indicated on this application in the Fall of \_\_\_\_.
2. I will use the proceeds of the Virginia B. Johnson Nursing Scholarship for the payment of tuition and required fees, room and board or similar living expenses. If I withdraw from this school, any remaining funds will be returned to the Regional Medical Center Foundation/the Virginia B. Johnson Nursing Scholarship.
3. If now entering a nursing program, I agree to submit an acceptance letter from the college/university I plan to attend.
4. I agree to allow college/university officials to release transcripts and periodic information concerning my academic progress to the Virginia B. Johnson Nursing Scholarship/the Regional Medical Center Foundation.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## **PARENT'S STATEMENT**

(If student is less than 18 years old)

This is to certify that:

1. We know about and approve of this application for the Virginia B. Johnson Nursing Scholarship.
2. We concur the information provided on the application is true and correct.
3. We concur with the statements made in items 2, 3, and 4 of the Student's Agreement above.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

## **Scholarship Criteria**

Only students who are pursuing R.N. credentials through an associate's, a bachelor's or a graduate nursing degree program are eligible.

- Residents of Orangeburg or Calhoun County accepted into an accredited R.N. program anywhere may apply.
- Residents of adjacent counties who are enrolled in an accredited nursing program in Orangeburg may also apply.