

# Lexington Medical Center Foundation Scholarship Procedures

---

The Lexington Medical Center Foundation supports Lexington Medical Center in the commitment to providing the best quality health care to our patients and community. The Foundation recognizes that an important component of that commitment is the premier nursing staff of Lexington Medical Center. The Foundation provides annual healthcare scholarships to invest in maintaining the high quality staff that has come to symbolize Lexington Medical Center.

Scholarship recipients enrolled in associate degree programs will receive \$2000 per semester. Scholarship recipients enrolled in bachelors' degree programs or graduate programs will receive \$3000 per semester. On-line degree programs are only eligible for Bachelor or Masters Degrees.

Please review the information below regarding eligibility, the application procedures, the selection process, and other important information.

## **Eligibility Determination**

Applicant must be enrolled full time in an associate degree nursing program or bachelor's degree nursing program from an accredited college or university. If pursuing a graduate degree, applicant must be enrolled in a minimum of 6 credit hours from an accredited college or university. Any applicant pursuing an associate degree or enrolled in an on-line Nursing program must have been admitted to the nursing program. Any applicant pursuing a bachelor's degree must be enrolled in upper division classes (junior/senior level classes).

Applicant must have an overall minimum GPA of 2.75 on a 4.0 scale on most recent academic work.

Applicant must be US Citizen, permanent resident, or documented alien eligible to work in the United States.

Applicant or parent or legal guardian of applicant must be legal resident of South Carolina.

## **Application Procedures**

1. The applicant must complete the scholarship application.
2. The applicant must provide the answers to two essay questions:
  - a. Why the applicant has chosen nursing as a career goal and to what the applicant aspires in the field of nursing.
  - b. Why should the applicant be selected for a Lexington Medical Center Foundation Scholarship (please include any extenuating circumstances that would assist the selection committee in making a decision).
3. The applicant must provide two letters of recommendation; one from an employer, teacher/professor, or volunteer experience supervisor and one from a character reference such as a neighbor, minister, academic advisor or guidance counselor.

4. The applicant must provide a copy of his/her most recent academic transcript (high school or college).
5. Applicant must provide documentation from the college in which he/she is enrolled that indicates full admittance into the nursing program.
6. Applicant must provide a copy of the FAFSA form available at [www.fafsa.gov](http://www.fafsa.gov) with the scholarship application
7. All materials must be submitted to the Lexington Medical Center Foundation office by 5:00 pm on **Friday, June 6, 2014.**

### **Selection Criteria**

The Lexington Medical Center Foundation Scholarship Committee will review all applications.

Consideration of applications will be based on financial need, academic strength of the applicant, clarity of career goals, references, work experience, and extra curricular activities.

Applicants that are currently employed at Lexington Medical Center, or that have immediate family members employed by Lexington Medical Center, will receive additional consideration.

There is no discrimination as to race, gender, ethnicity, religion, national origin, disability, marital status, or military status.

### **Additional Information/Requirements**

All applicants will be notified of scholarship status via email by **July 14, 2014.**

Scholarship recipients are required to attend the scholarship presentation to be held at **11:30 am on Friday, July 25, 2014** at Lexington Medical Center in the Lexington Medical Park 1 Auditorium located at 2728 Sunset Boulevard.

Scholarship recipients should be prepared to provide a photo for submission to media publications and understand that their biographical information may be submitted and published along with their photo in hospital publications and local media outlets. ***Please DO NOT submit a photo with your initial application. Photos are required only if you receive a scholarship award.***

Application materials become the property of Lexington Medical Center Foundation and will be treated as confidential documents to maintain the privacy of all applicants.

Applicants that fail to follow all procedures, submit all requested information and meet all qualifications will be disqualified.

Applicants that provide false information will be disqualified.

## **Submission of Application**

Application materials may be emailed, mailed or delivered to Lexington Medical Center Foundation. Faxed copies will not be accepted. Deadline for receipt of all required materials is **June 6, 2014 by 5:00 pm**. Materials that are mailed to the Foundation must be postmarked by June 7, 2013.

**Mailing and delivery address:**  
Lexington Medical Center Foundation  
Scholarship Committee  
2720 Sunset Boulevard  
West Columbia, SC 29169

Email address:  
[Lmcfoundation@lexhealth.org](mailto:Lmcfoundation@lexhealth.org)

## **Fund Disbursement**

Scholarship recipients must provide verification that he/she has been accepted and is enrolled in a nursing program. Upon receipt of the verification, the Lexington Medical Center will issue a check to the college in which the recipient is enrolled. One half of the scholarship money is available for the fall semester/quarter and one half is available for the spring semester/quarter. Spring semester/quarter scholarship checks will be issued upon verification received by the Lexington Medical Center Foundation that the scholarship recipient has enrolled for that semester and is demonstrating satisfactory academic progression.

# Lexington Medical Center Foundation Nursing Scholarship Application

---

## **Applicant Information**

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Telephone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Student ID or SSN \_\_\_\_\_

## **A. Academic Information**

College in which you are enrolled \_\_\_\_\_

Financial Aid Office Address \_\_\_\_\_

Other colleges that you have attended \_\_\_\_\_

Scholarship in which you are applying

Associate \_\_\_\_\_ Bachelors \_\_\_\_\_ On-Line program \_\_\_\_\_ Graduate \_\_\_\_\_

Have you been admitted into the nursing program?

Yes \_\_\_\_\_ No \_\_\_\_\_

If currently enrolled in college, current cumulative GPA for all college courses completed: \_\_\_\_\_

Have you ever been on the Dean's list?

Yes \_\_\_\_\_ No \_\_\_\_\_

If on the Dean's list, how many semesters? \_\_\_\_\_

High School attended \_\_\_\_\_

Extra curricular activities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **B. Honors, Awards and Accomplishments**

Please list any honors, awards and/or accomplishments that you have achieved (including academic and employment) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### C. Employment Experience

Organization \_\_\_\_\_

Clinical Work                      \_\_\_\_Yes                      \_\_\_\_No

Address \_\_\_\_\_

Supervisor \_\_\_\_\_

Dates Employed \_\_\_\_\_

Position \_\_\_\_\_

Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Organization \_\_\_\_\_

Clinical Work                      \_\_\_\_Yes                      \_\_\_\_No

Address \_\_\_\_\_

Supervisor \_\_\_\_\_

Dates Employed \_\_\_\_\_

Position \_\_\_\_\_

Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Organization \_\_\_\_\_

Clinical Work                      \_\_\_\_Yes                      \_\_\_\_No

Address \_\_\_\_\_

Supervisor \_\_\_\_\_

Dates Employed \_\_\_\_\_

Position \_\_\_\_\_

Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

## **D. Volunteer and Leadership Experience**

Organization \_\_\_\_\_

Address \_\_\_\_\_

Supervisor \_\_\_\_\_

Dates Volunteered \_\_\_\_\_

Position \_\_\_\_\_

Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

Supervisor \_\_\_\_\_

Dates Volunteered \_\_\_\_\_

Position \_\_\_\_\_

Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

Supervisor \_\_\_\_\_

Dates Volunteered \_\_\_\_\_

Position \_\_\_\_\_

Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

## **E. Lexington Medical Center Affiliation**

Please list any affiliation that you and/or your family has with Lexington Medical Center; to include Partners Program, Junior Volunteer, employment, etc...

---

---

---

---

---

## **F. FASFA/Other Sources of Financial Aid**

To be taken from FASFA form:

35. Student's 2012 Adjusted Gross Income: \_\_\_\_\_

37. Student's 2012 Exemptions Claimed: \_\_\_\_\_

40. Student's Total of Cash, Savings and Checking Accounts: \_\_\_\_\_

43a. Student's Education Credits: \_\_\_\_\_

43e. Student's Taxable Combat Pay Reported in AGI: \_\_\_\_\_

Please list any of sources of financial aid that you will be receiving

---

---

---

---

### **Applicant Signature and Certification Information**

I certify that the information submitted in this application is true and complete to the best of my knowledge and I authorize Lexington Medical Center Foundation to verify any information provided in the application. I understand that providing false information will result in my application being disqualified. I further understand that should I be awarded a scholarship that I give permission for my photo and biographical information to be published in Lexington Medical Center publications and web sites and additional media outlets in the community to which the Lexington Medical Center Foundation submits information for publication.

Applicant (Print Name) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## **Essay Questions**

1. Why the applicant has chosen healthcare as a career goal and to what the applicant aspires in the field.
2. Why should the applicant be selected for a Lexington Medical Center Foundation Scholarship (please include any extenuating circumstances that would assist the selection committee in making a decision).

## **Letters of Recommendation**

The applicant must provide two letters of recommendation; one from an employer, teacher/professor, or volunteer experience supervisor and one from a character reference such as a neighbor, minister, academic advisor, guidance counselor or Lexington Medical Center management.



## **Additional Information Checklist**

Please attach the following items to your application in the order listed:

- \_\_\_\_\_ 1. Completed Application
- \_\_\_\_\_ 2. Letter confirming acceptance /enrollment in the nursing program of the college in which you are enrolled.
- \_\_\_\_\_ 3. A copy of your most recent transcript. *This must be an official transcript.*
- \_\_\_\_\_ 4. Answers to essay questions.
- \_\_\_\_\_ 5. Two letters of recommendation.
- \_\_\_\_\_ 6. A copy of your FAFSA form.

Application materials may be emailed, mailed or delivered to Lexington Medical Center Foundation. Faxed copies are not accepted. Deadline for receipt of all required materials is **June 6, 2014 by 5:00 pm**. Materials that are mailed to the Foundation must be postmarked by June 6, 2014. Please note: Incomplete applications will not be considered.

**Mailing and delivery address:**  
Lexington Medical Center Foundation  
Scholarship Committee  
2720 Sunset Boulevard  
West Columbia, SC 29169

Email address:  
[lmcfoundation@lexhealth.org](mailto:lmcfoundation@lexhealth.org)