



May 1, 2019

Dear Scholarship Applicant,

On behalf of the Scholarship Advisory Committee and The Tuomey Foundation, I want to thank you for your interest in the scholarship program. This is a very exciting time and a great deal of work has taken place to make this a reality.

If not for the generosity and commitment of the team members and volunteers of Prisma Health Tuomey Hospital, this would not be possible. Through their efforts, the scholarship endowment was created to provide for educational opportunities for our Prisma Health Tuomey Hospital family. Because only the interest generated from the endowment is distributed, students will benefit for generations to come.

We are extremely pleased to have been able to offer scholarships for seventeen consecutive years. The number of qualified applicants and the interest recognized from the scholarship endowment stability will determine the actual number of awards. It is our sincere hope this will be exceptionally obliging to the recipient as he or she pursues furthering their education.

Enclosed you will find the scholarship application and guidelines. Please pay close attention to the instructions, make sure your application is completed in its entirety, before submitting it to The Tuomey Foundation by noon on June 30, 2019.

If you have any questions, please do not hesitate to call The Tuomey Foundation at 774-9014. Thank you for your interest. I wish you the best as you begin your application process.

Sincerely,

A handwritten signature in black ink that reads "Jeff Faw". The signature is written in a cursive, flowing style.

Jeffery H. Faw
Executive Director/CDO
The Tuomey Foundation

SCHOLARSHIP ENDOWMENT

The Tuomey Foundation annually awards scholarship funds to students pursuing higher education. Selection is based upon academic performance and community service.

Eligibility

1. Current or retired team members of Prisma Health Tuomey Hospital.
2. Individuals whose parent or grandparent (must be legal guardian and provide proof of guardianship) or current spouse or legal guardian is a current or retired team members* Prisma Health Tuomey Hospital (i.e., dependent children, dependent grandchildren, current spouse or legal ward). Applicant must be a South Carolina resident. Special consideration on residency will be given for military personnel and their dependents.
3. Eligible team members who work PRN must work a minimum of **250 hours** between **March 31, 2018 and May 1, 2019** and provide confirmation of dates of employment.
4. Active volunteers with 250 accumulated hours of volunteer service. Applicant must have also volunteered sometime between **March 31, 2018 and May 1, 2019**.
5. Applicant must be currently accepted or enrolled in courses of higher education. (This does not include certifications, continuing education classes or high school dual enrollment).
6. Complete application form in its entirety, including 100 – 250 word typed essay.
7. Two letters of reference (non-family), including a present or past teacher, must accompany application. Prisma Health Tuomey Hospital employees not yet enrolled in coursework should submit a letter of reference from his/her immediate supervisor and another reference. Prisma Health Tuomey Hospital team members currently enrolled should submit both a letter from past or present teacher and a letter of reference from his/her immediate supervisor.

Policy

1. The Tuomey Foundation and Employee Scholarship Committee will determine the number of scholarships to be awarded each year.
 2. **One application per family per year.**
 3. Scholarships are awarded for the academic year beginning **Fall 2019 through Summer 2019**.
 4. Past recipients may apply in the next application cycle pending a GPA of 2.0 or greater. (Applicant must provide latest transcript with application.)
 5. Application packets will be available **May 1, 2019**.
 6. All completed applications should be received by The Tuomey Foundation office no later than **noon on June 30, 2019. Failure to do so will result in disqualification.**
 7. Qualified applications will be reviewed and applicants interviewed (if necessary) by the Scholarship Committee during the month of **July 2019**.
 8. Scholarship recipients will be notified no later than **July 14, 2019**
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**Checklist for Consideration for
Prisma Health Tuomey Hospital
Scholarship Endowment**

- ❑ Completed application. You MUST fill out and return every page, including the High School and College Activity sheets, even if they do not apply to you for your application to be complete. Please specify "not applicable" or N/A if the sheet or question does not apply to you.
- ❑ Two current letters of reference from non-related persons, as explained on page 3 of the application.
- ❑ GPA, Class Rank, SAT or ACT scores and official transcript from your high school or most recent college transcript. This must be received sealed from the school before the stated application deadline. See page 3 of the application.
- ❑ 100-250 word typed essay, as explained on page 3 of the application.
- ❑ Verification of volunteer hours accumulated if a Prisma Health Tuomey Hospital volunteer. See page 3 of the application.

****You must turn in every item stated, as explained in the scholarship application packet, by Noon on June 30, 2019 or your application will be considered incomplete.**



SCHOLARSHIP APPLICATION

Part I. Personal Data

Name _____
(Last) (First) (Middle Initial)

Address _____
(Street) (City) (State) (Zip)

Telephone _____ E-mail _____
(Home/Cell)

Date of Birth: _____ Social Security No.: _____

High School: _____
(If currently enrolled)

Class Rank of _____ out of _____ GPA of _____ out of possible _____

SAT _____ ACT _____

College _____

GPA of _____ out of possible _____

Location _____ Credit Hours Remaining for Degree _____

Major Being Considered _____

Prisma Health Tuomey Hospital Team Member Family Member _____

Date Employed _____ Full Time _____ PRN _____

If applying as a volunteer or PRN, please indicate which department and how many hours you have accumulated. Verification letter from Volunteer Services or Human Resources Department (for PRN) must accompany this application.

Department _____ Volunteer/PRN Hours _____

Please include:

1. Two current letters of reference from non-related persons (one must be from a past or present teacher). Prisma Health Tuomey Hospital team members not yet enrolled in coursework should submit a letter of reference from his/her immediate supervisor and another reference. Prisma Health Tuomey Hospital team members currently enrolled should submit both a letter from past or present teacher and a letter of reference from his/her immediate supervisor.
2. GPA, Class Rank, SAT or ACT scores and **official*** transcript from your high school (or if currently attending college, your most recent college transcript).
3. 100 – 250 word typed essay. Please tell us about yourself, what is important to you, and how this scholarship will help in achieving your goals. (The essay is not scored but allows the review committee to know a little more about you.)
4. Volunteers must attach verification of volunteer hours accumulated (see Volunteer Services Department).

All information must be received no later than noon June 30, 2018 by:

The Tuomey Foundation
102 North Main Street
Sumter, SC 29150
Fax # 803-774-8737
E-mail: thelma.smith@prismahealth.org

If you have any questions, you may call The Tuomey Foundation
(803) 774-9014 or e-mail TK Smith at (thelma.smith@prismahealth.org).

***Sealed transcript must be sent to the Foundation office from the school or college. Photocopies or original transcripts submitted by the applicant will not be accepted.**

THIS SHEET MUST BE RETURNED IN ORDER FOR YOUR APPLICATION TO BE COMPLETE

CLASS OR STUDENT COUNCIL OFFICER	9 TH GRADE					SPORTS: SPECIFY IF YOU PLAYED LEAGUE, JR. VARSITY, OR VARSITY BY WRITING AN "L", "JV", OR "V" UNDER THE APPROPRIATE GRADE FOR EACH SPORT YOU LIST	Sport	9	10	11	12	CAPT, CO-CAPT, LETTER
	10 TH GRADE											
	11 TH GRADE											
	12 TH GRADE											
	9	10	11	12	Office/Position							
Language club (SPECIFY-)												
Beta club												
KEY CLUB												
NEWSPAPER												
LITERARY MAGAZINE												
YEARBOOK						ACADEMIC AWARDS, HONORS, AND HONOR SOCIETIES: (SPECIFY OFFICES HELD)						
FCA						JR / NATIONAL HONOR SOCIETY						
DRAMA CLUB and PRODUCTIONS (LIST NUMBER)												
Cheerleading												
MUSIC:	BAND					WORK EXPERIENCE:					HRS / WEEK	
	ORCHESTRA					PLACE OF EMPLOYMENT			SUMMER		SCHOOL YEAR	
	CHOIR					9						
	OTHER					10						
OTHER SCHOOL ACTIVIES:						11						
							12					
						COMMUNITY INVOLVEMENT: (SPECIFY DATES AND NUMBER OF HOURS OF PARTICIPATION FOR EACH ACTIVITY)						
						OTHER LEADERSHIP POSITIONS:						
						GIRLS / BOYS STATE						
						GOVERNORS SCHOOL						
						CHURCH GROUPS / INVOLVEMENT: (SPECIFY DATES)						
						OTHER ACTIVITIES: (LIST ANY AWARDS)						
						PREVIOUS HIGH SCHOOL(S) ATTENDED: (SPECIFY SCHOOL(S) AND DATES)						

****USE ADDITIONAL PAPER IF NEEDED TO BE AS DETAILED AS POSSIBLE ABOUT EACH ACTIVITY AND WORK EXPERIENCE****

2019 COLLEGE SCHOLARSHIP APPLICATION ACTIVITY DATA SHEET

THIS SHEET MUST BE RETURNED IN ORDER FOR YOUR APPLICATION TO BE COMPLETE

CLASS OR STUDENT COUNCIL OFFICER	FRESHMAN					SPORTS: SPECIFY WHICH YEAR YOU PLAYED UNDER THE APPROPRIATE GRADE FOR EACH SPORT YOU LIST					
	SOPHOMORE										
	JUNIOR										
	SENIOR					Sport	F	S	JR.	SR.	CAPT, LETTER
Language club (SPECIFY-_____)	F	S	JR.	SR.	Office/Position						
Beta club											
KEY CLUB											
NEWSPAPER											
LITERARY MAGAZINE											
YEARBOOK						ACADEMIC AWARDS, HONORS, AND HONOR SOCIETIES: (SPECIFY)					
FCA						OFFICES HELD					
DRAMA CLUB and PRODUCTIONS (LIST NUMBER)											
Cheerleading											
MUSIC:	BAND					WORK EXPERIENCE:					HRS / WEEK
	ORCHESTRA					PLACE OF EMPLOYMENT					SUMMER
	CHOIR					SCHOOL YEAR					
	OTHER					F					
OTHER SCHOOL ACTIVITIES:					S						
					JR.						
					SR.						
OTHER LEADERSHIP POSITIONS:						COMMUNITY INVOLVEMENT: (SPECIFY DATES AND NUMBER OF HOURS OF PARTICIPATION FOR EACH ACTIVITY)					
						CHURCH GROUPS / INVOLVEMENT: (SPECIFY DATES)					
OTHER ACTIVITIES: (LIST ANY AWARDS)											
						PREVIOUS COLLEGE(S) ATTENDED: (SPECIFY SCHOOL(S) AND DATES)					

STUDENT'S SSN: _____

****USE ADDITIONAL PAPER IF NEEDED TO BE AS DETAILED AS POSSIBLE ABOUT EACH ACTIVITY AND WORK EXPERIENCE****

