



May 1, 2017

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 employees and volunteers of Palmetto Health Tuomey, this would not be possible. Through their efforts, the scholarship endowment was created to provide for educational opportunities for our Palmetto Heath Tuomey family. Because only the interest generated from the endowment is distributed, students will benefit for generations to come.

We are extremely pleased to offer scholarships for the Fifteenth straight year. The number of qualified applicants and the interest realized from the scholarship endowment balance will determine the actual number of awards. It is our sincere hope this will be extremely helpful to the recipient as he or she works toward a degree in higher education.

**Enclosed you will find the scholarship application and guidelines. Please pay close attention to the instructions and return fully completed to The Tuomey Foundation office by noon on June 30, 2017.**

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 Employees\* of Palmetto Health Tuomey.
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 employee\* of Palmetto Health Tuomey (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 employees who work PRN must work a minimum of 250 hours between March 31, 2016 and May 1, 2017 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, 2016 and May 1, 2017.
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. Palmetto Health Tuomey employees not yet enrolled in coursework should submit a letter of reference from his/her immediate supervisor and another reference. Palmetto Health Tuomey employees 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 2017 through Summer 2018.
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, 2017**.
6. All completed applications should be received by The Tuomey Foundation office no later than **noon on June 30, 2016. 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 2017.
8. Scholarship recipients will be notified no later than **July 14, 2017**.

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\* Individual must have been employed by Palmetto Health Tuomey at least one (1) year.

# **Checklist for Consideration for Palmetto Health Tuomey 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 Palmetto Health Tuomey 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, 2017 or your application will be considered incomplete.**



## SCHOLARSHIP APPLICATION

### Part I. Personal Data

Name \_\_\_\_\_  
(Last) (First) (Middle Initial)

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone \_\_\_\_\_  
(Home) (Office)

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 \_\_\_\_\_

Palmetto Health Tuomey Employee 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). Palmetto Health Tuomey employees not yet enrolled in coursework should submit a letter of reference from his/her immediate supervisor and another reference. Palmetto Health Tuomey employees 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, 2017 by:**

The Tuomey Foundation  
102 North Main Street  
Sumter, SC 29150  
Fax # 803-774-8737

E-mail: [laura.haygood@palmettohealth.org](mailto:laura.haygood@palmettohealth.org)

If you have any questions, you may call The Tuomey Foundation  
(803) 774-9475 or e-mail Laura Haygood ([laura.haygood@palmettohealth.org](mailto:laura.haygood@palmettohealth.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.**

**2017 HIGH SCHOOL SCHOLARSHIP APPLICATION ACTIVITY DATA SHEET**

**STUDENT'S SSN:**

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

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

CLASS OR STUDENT COUNCIL OFFICER	9 <sup>TH</sup> 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						
	10 <sup>TH</sup> GRADE										
	11 <sup>TH</sup> GRADE										
	12 <sup>TH</sup> GRADE										
					Sport	9	10	11	12	CAPT, CO-CAPT, LETTER	
Language club (SPECIFY-_____)		9	10	11	12	Office/Position					
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: PLACE OF EMPLOYMENT				HRS / WEEK	
	ORCHESTRA									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)									

2017 COLLEGE SCHOLARSHIP APPLICATION ACTIVITY DATA SHEET

STUDENT'S SSN:

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

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

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, CO-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)					OFFICES HELD
FCA											
DRAMA CLUB and PRODUCTIONS (LIST NUMBER)											
Cheerleading											
MUSIC:	BAND					WORK EXPERIENCE:					HRS / WEEK
	ORCHESTRA					PLACE OF EMPLOYMENT					SUMMER
	CHOIR					F					SCHOOL YEAR
	OTHER					S					
OTHER SCHOOL ACTIVITIES:						JR.					
						SR.					
						COMMUNITY INVOLVEMENT: (SPECIFY DATES AND NUMBER OF HOURS OF PARTICIPATION FOR EACH ACTIVITY)					
OTHER LEADERSHIP POSITIONS:											
						CHURCH GROUPS / INVOLVEMENT: (SPECIFY DATES)					
OTHER ACTIVITIES: (LIST ANY AWARDS)											
						PREVIOUS COLLEGE(S) ATTENDED: (SPECIFY SCHOOL(S) AND DATES)					



