

SELF REGIONAL HEALTHCARE FOUNDATION FRANK SPOONE MEMORIAL SCHOLARSHIP

Description

A scholarship program has been established in memory of Frank Spooone, one of the most dedicated and unique Respiratory Therapists ever to serve at Self Regional Healthcare. Frank passed away in 2004 and his friends and colleagues established a scholarship program for future Respiratory Therapists who attend Piedmont Technical College and wish to spend their careers here at Self Regional.

Scholarships will be awarded to students who meet the criteria specified below.

The number of scholarships given each year and the value of the scholarships will be determined based on available funding at the discretion of the Scholarship Committee. Traditionally, awarded scholarships are \$500 each.

Scholarships will be administered by the Self Regional Healthcare Foundation.

Criteria

The Scholarship Committee will review applications and recipients will be selected based on the following criteria:

1. Recipients must reside in Self Regional Healthcare's service area.
(Greenwood, Laurens, Edgefield, Abbeville, McCormick, Newberry or Saluda Counties)
2. Must attend Piedmont Technical College in order to receive this scholarship.
3. Must profess a desire to pursue a Respiratory Therapy career at Self Regional Healthcare.
4. Possess an excellent academic record (B average or better).
5. Exhibit strong evidence of commitment to the Respiratory profession.
6. Must have exceptional interpersonal skills.
7. Demonstrate outstanding clinical skills or potential based on work experience and/or academic interests.
8. Financial need.

Scholarship Renewal

Each scholarship is a one-time grant and must be used between the application year fall semester and the end of the following spring semester. A recipient who has maintained a B average or better may reapply, but must follow the application process and will be considered along with other applicants.

Procedure for Application

Applications will be accepted by the Self Regional Healthcare Foundation from September 1 to October 1 of each year.

Applications are to be mailed to the address below and **ARE TO INCLUDE A COPY OF YOUR LATEST, OFFICIAL TRANSCRIPT AND IN A SEPARATE SEALED ENVELOPE(S), AT LEAST ONE LETTER OF RECOMMENDATION FROM A TEACHER, COUNSELOR OR WORK SUPERVISOR:**

Frank Spooone Memorial Scholarship Committee
c/o The Self Regional Healthcare Foundation
1325 Spring Street
Greenwood, SC 29646

Scholarship will be awarded during Respiratory Care Week

SELF REGIONAL HEALTHCARE FOUNDATION RESPIRATORY THERAPY SCHOLARSHIP APPLICATION

Please check the box for the Scholarship (s) you are applying for:

<input type="checkbox"/>	M. John and Drenda Heydel Respiratory Therapy Scholarship - Phase I
<input type="checkbox"/>	M. John and Drenda Heydel Respiratory Therapy Scholarship - Phase II
<input type="checkbox"/>	Frank Spooone Memorial Scholarship

1. NAME _____
LAST
FIRST
MIDDLE

2. HOME ADDRESS _____
STREET

CITY
STATE
ZIP CODE
COUNTY

3. TELEPHONE _____
HOME
CELL
WORK

4. EMAIL ADDRESS _____

5. PLEASE CONFIRM YOUR CURRENT STATUS AS A RESPIRATORY THERAPY STUDENT:

- I am enrolled as a **FIRST YEAR** student
- I am enrolled as a **SECOND YEAR** student

6. ACTIVITIES THAT YOU FEEL HAVE BEEN OR WILL BE HELPFUL TO YOU IN RESPIRATORY CARE

7. CAREER PLANS OVER THE NEXT 5 YEARS

8. LONG TERM GOALS IN RESPIRATORY CARE

9. On a separate page, please provide information that you feel will give a more complete and accurate picture of yourself, e.g., background, personal philosophy or traits, goals, intellectual and personal growth, etc. Be sure to describe the influence of these factors. **Please be concise and limit your response to one or two pages.**

10. WORK EXPERIENCE

Currently Employed: YES _____ NO _____ Monthly Salary: \$ _____

EMPLOYER	POSITION	# of hours worked per week
----------	----------	----------------------------

11. SOURCE (S) OF INCOME:

SELF	\$ _____	ANNUAL INCOME
SPOUSE/PARENT (S)	\$ _____	ANNUAL INCOME
EMPLOYER EDUCATION ASSISTANCE	\$ _____	
SCHOLARSHIP (S)	\$ _____	ANNUALLY

If there are extenuating circumstances suggesting financial need, please explain briefly:

12. Should I receive the scholarship applied for:

I am willing to have my award made public	YES _____	NO _____
I am willing to write a letter of appreciation to the donor	YES _____	NO _____

I certify that the information submitted on this application is correct to the best of my knowledge. I grant permission to the selection committee to verify the information I have provided with my employer and /or school.

SIGNATURE _____ **DATE** _____

Applications are to be mailed to the address below and ARE TO INCLUDE YOUR LATEST OFFICIAL TRANSCRIPT AND IN A SEPARATE SEALED ENVELOPE (S) AT LEAST ONE LETTER OF RECOMMENDATION FROM A TEACHER, COUNSELOR, OR WORK SUPERVISOR.
SELF REGIONAL HEALTHCARE FOUNDATION
1325 Spring Street
ATTN: Foundation Scholarship Committee
Greenwood, SC 29646