

## **Self Regional Healthcare Foundation May-Magruder Laboratory Scholarship**

### Description:

The May-Magruder Scholarship program has been established in memory of Dr. Hunter W. May and in honor of Dr. C. Herbert Magruder. Dr. May came to Self Regional in 1953 and his many accomplishments during his career at SRH include establishing a tissue lab and the Self Memorial School of Medical Technology. Dr. Magruder came to Self Regional in 1963 and during his career oversaw the direction of the blood bank, hematology and chemistry. He later served as director of the School of Medical Technology.

Dr. May and Dr. Magruder were both instrumental in the ongoing education of laboratory personnel at Self Regional Healthcare. With the establishment of this scholarship, we hope to continue their commitment to providing the patients at Self Regional Healthcare with the best possible laboratory professionals in the field.

Scholarships will be awarded to students accepted into an accredited laboratory education program and/or current laboratory professionals seeking to enhance their career with the aid of continuing education. 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. Scholarships will be administered by the Self Regional Healthcare Foundation.

### Criteria:

1. Recipients must reside within the state of South Carolina and attend an accredited laboratory program or be a current SRH laboratory professional seeking continuing education opportunities.
2. Recipients must have Self Regional Healthcare as a clinical site of choice.
3. Recipients must have a desire to pursue a career in the medical laboratory at Self Regional Healthcare.
4. Recipients must possess and maintain an overall B average.
5. Recipients must exhibit a strong commitment to the laboratory profession.
6. Recipients must exhibit exceptional interpersonal skills.
7. Recipients must have a financial need.

### Renewability:

Each scholarship is a one-time grant and must be used between the application year summer 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 until March 31 of each year.

**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 TWO LETTERS OF RECOMMENDATION FROM INDIVIDUALS UNRELATED TO THE APPLICANT WHO CAN DEMONSTRATE THE APPLICANT'S COMMITMENT AND BENEFITS TO THE FIELD OF LABORATORY SCIENCE.**

May-Magruder Laboratory Scholarship Committee  
Self Regional Healthcare Foundation  
1325 Spring Street  
Greenwood, SC 29646

## SELF REGIONAL HEALTHCARE FOUNDATION LABORATORY SCHOLARSHIP APPLICATION

Please check the box for the Scholarship you are applying for:

<input type="checkbox"/> May-Magruder Laboratory Scholarship
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1. NAME \_\_\_\_\_

LAST    FIRST    MIDDLE

2. HOME ADDRESS \_\_\_\_\_

STREET

CITY    STATE    ZIP CODE    COUNTY

3. TELEPHONE \_\_\_\_\_

HOME    CELL    WORK

4. EMAIL ADDRESS \_\_\_\_\_

5. INFORMATION ON INTENDED PROGRAM OF STUDY:

NAME AND LOCATION OF PROGRAM \_\_\_\_\_

NAME OF MAJOR OR COURSE TAKEN	SCHOOL TUITION CHARGES
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SEMESTER	YEAR	TOTAL LENGTH OF COURSE	EXPECTED GRADUATION DATE
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6. ACTIVITIES THAT YOU FEEL HAVE BEEN OR WILL BE HELPFUL TO YOU IN LABORATORY MEDICINE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. CAREER PLANS OVER THE NEXT 5 YEARS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. LONG TERM GOALS IN LABORATORY MEDICINE

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

9. On a separate page, write an essay explaining your choice of a laboratory profession. Please include 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. **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
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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 am willing to have my name provided 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 \_\_\_\_\_

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SELF REGIONAL HEALTHCARE FOUNDATION  
1325 Spring Street  
ATTN: Foundation Scholarship Committee  
Greenwood, SC 29646