

SELF REGIONAL HEALTHCARE FOUNDATION

MARY ELLA RUFF NURSING SCHOLARSHIP

Description:

The Mary Ella Ruff Nursing Scholarship is named in honor of Miss Ruff, a truly dedicated and exemplary Self Regional nurse who is now retired. Scholarships will be awarded annually by The Self Regional Healthcare Foundation from the Mary Ella Ruff Nursing Scholarship Fund to persons enrolled in a certified nursing program in the State of South Carolina or to practicing nurses who wish to advance their professional skills. Priority will be given to applicants who are employees of Self Regional Healthcare or immediate family members of Self Regional Healthcare employees.

Scholarships may be applied towards tuition, books or fees.

Scholarships may be awarded to graduating high school seniors, current nursing students or practicing nurses 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.

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. Financial need.
2. Very client/patient oriented with an outgoing personality.
3. Demonstrates outstanding clinical nursing skills.
4. Good scholastic record (B average or better).
5. Evidence of strong commitment to the nursing profession.
6. Lives in the Upper Savannah Region (Greenwood, Laurens, Newberry, Edgefield, Abbeville, McCormick, or Saluda Counties).
7. Must be enrolled in a certified nursing program in the State of South Carolina or be a practicing nurse wishing to advance professional skills.

Renewability:

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 January 1 until March 31 each year. The scholarship winners will be announced on May 1 of the current year.

Applications are to be mailed to the address below and **ARE TO INCLUDE YOUR LATEST, OFFICIAL TRANSCRIPT AND IN A SEPARATE SEALED ENVELOPE, A LETTER OF RECOMMENDATION FROM A TEACHER, COUNSELOR, OR WORK SUPERVISOR.**

Mary Ella Ruff Nursing Scholarship Committee
c/o Self Regional Healthcare Foundation
1325 Spring Street
Greenwood, SC 29646

7. CAREER PLANS OVER THE NEXT 5 YEARS

8. LONG TERM GOALS IN NURSING

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
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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 _____

Applications are to be mailed to the address below and ARE TO INCLUDE YOUR LATEST OFFICIAL TRANSCRIPT AND IN A SEPARATE 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**