

## **SELF REGIONAL HEALTHCARE FOUNDATION**

### **M. John and Drenda Heydel Respiratory Therapy Scholarship- PHASE TWO**

#### History of John Heydel

John Heydel was the President and CEO of Self Regional Healthcare from 1998 until 2008. He began his career as a medic in the United States Air Force from 1963 – 67, serving his final tour of duty stationed in DaNang during the Vietnam War. Returning to the West coast, he entered college to study respiratory therapy, working as an orderly while attending college. By 1973 he was teaching respiratory therapy at Stanford Medical Center, and a year later he became the Administrative Director of Respiratory Therapy Services. At the time it was the largest RT department in the country with 60 employees. By 1992 he was the President and Chief Executive Officer of Providence Hospital in Columbia, serving in that capacity until accepting the same position at Self Regional Healthcare.

#### Description

The scholarship will be awarded annually by the Self Regional Healthcare Foundation from the M. John and Drenda Heydel Respiratory Therapy Scholarship Fund to students enrolled at Piedmont Technical College in the Respiratory Therapy Program.

This scholarship will be awarded to a **PHASE TWO** respiratory therapy student who meets the criteria specified below.

The scholarship awarded will be for \$1,000.00.

This scholarship will be administered by the Self Regional Healthcare Foundation.

#### Criteria

The Scholarship Committee will review applications and a recipient 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.
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.

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:**

M. John and Drenda Heydel Scholarship Committee  
c/o The Self Regional Healthcare Foundation  
1325 Spring Street  
Greenwood, SC 29646

This scholarship will be awarded during Respiratory Care Week.

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

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.**

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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:

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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 \_\_\_\_\_

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