

# LEXINGTON MEDICAL CENTER VOLUNTEER AUXILIARY SCHOLARSHIP APPLICATION 2024

## Check only ONE Scholarship:

- High School student accepted into an approved 2- or 4-year Nursing Program or Healthcare field.
- College student or LMC employee pursuing a Bachelor or Master Nursing degree or a Healthcare Leadership degree.
- Previous Recipient of an Auxiliary Scholarship.

## REQUIRED Criteria for ALL Applicants:

1. Applicants must reside in Lexington County, be a Lexington County High School or GED Certificate graduate or be employed by LMC.
2. Applicants must send an official document of acceptance into Nursing or other Healthcare related studies to be considered.
3. Show your name on each attachment, and attach your resume with work history, extra-curricular and volunteer activities.
4. Funds will be dispersed directly to the institution you will be attending.
5. Transcripts must be OFFICIAL Transcripts.

## **Section 1. Required for all Applicants.**

### Personal Information:

Name: \_\_\_\_\_  
Last First Middle Preferred

Home Mailing Address: \_\_\_\_\_ City/State/Zip/County: \_\_\_\_\_

Contact #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Check all that **currently** apply:

Hope Scholarship \_\_\_\_\_ Life Scholarship \_\_\_\_\_ Palmetto Fellows Scholarship \_\_\_\_\_ LMC Auxiliary Scholarship \_\_\_\_\_

## **Section 2. Required for High School Applicants.**

High School Attended: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

GPA \_\_\_\_\_ Class Rank \_\_\_\_\_ SAT \_\_\_\_\_ or ACT Score \_\_\_\_\_

College/University to attend: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Additional information required:

- An essay of 250 words for “Why I chose a nursing/healthcare related vocation.”
- Resume which includes work experience and extra-curricular and community/volunteer activities.
- Two letters of recommendation: at least 1 from a school official/employer and 1 personal (not family).

**Section 3. Required for College/Postgraduate/Healthcare Applicants.**

Name of College or Medical Program for which you have been accepted: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Major/Degree Pursuing: \_\_\_\_\_

College GPA: \_\_\_\_\_ Nursing GPA: \_\_\_\_\_

Additional information required:

- An essay of 250 words for “How I plan to use my advanced nursing/healthcare education in my job.”
- Resume which includes work experience and extra-curricular and community/volunteer activities.
- Two letters of recommendation: at least 1 from a school official/employer and 1 personal (not family).

**Section 4. Required for Previous LMC Auxiliary Scholarship Awardees.**

Years awarded an LMC Auxiliary Scholarship: \_\_\_\_\_

Current GPA: \_\_\_\_\_

Attach your Official Transcript.

Please send all applications to:

**Lexington Medical Center**

**Attn: Volunteer Services**

**2720 Sunset Blvd.**

**West Columbia, SC 29169**

**803-791-2573**

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**Section 5. Financial Aid Information Required for all Applicants.**

College Name: \_\_\_\_\_

College Entry Date (Semester/Year): \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

College Student ID #: \_\_\_\_\_ Amount of Scholarship: \_\_\_\_\_ to be completed by LMC

Bursar's/Finance Office Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Bursar's/Finance Office Phone #: \_\_\_\_\_ Bursar's/Finance Office Email Address: \_\_\_\_\_

Due date for financial aid payment: \_\_\_\_\_