



Scholarships offered by the Auxiliary of KershawHealth are need-based. You must effectively demonstrate your need for financial assistance. Please let us know if you are receiving aid from other sources.

Please complete and return your application and financial information to the address below.

We will also need the following:

- Three letters of reference from persons other than family members.
- A copy of your high school transcript or one from the school you last attended.
- A statement as to where you intend to enter school.
- A statement regarding your financial needs.

When your information and materials are received, your file will be reviewed by the scholarship chairman and will then be presented for discussion before the Auxiliary Executive Board.

Please note that **you *must be accepted*** into your designated school's program before aid can be granted.

Thank you for your interest in our work to help bring quality health care to the community. We are delighted that you have decided to enter a healthcare field. We wish you well and hope that we can work together with you in the future.

Please return documents to:

Connie Haynes  
Auxiliary Scholarship Chairman  
801 Kornegay Circle  
Camden, South Carolina 29020

[conniehaynes@gmail.com](mailto:conniehaynes@gmail.com)



# Auxiliary

of KershawHealth

## Scholarship Information

### Personal:

Name \_\_\_\_\_

Home address \_\_\_\_\_

E-Mail address \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Marital status: Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_

Spouse's name \_\_\_\_\_

Number of children \_\_\_\_\_ Ages \_\_\_\_\_

If married, maiden name \_\_\_\_\_

### Employment:

Current employer \_\_\_\_\_

Length of employment \_\_\_\_\_ Job title \_\_\_\_\_

### Education:

High school \_\_\_\_\_

College or vocational school \_\_\_\_\_

If you have had any medical training, give the following information:

School name and address \_\_\_\_\_

Entrance date \_\_\_\_\_ Separation date \_\_\_\_\_

Have you applied to a school or are you currently enrolled in a school? \_\_\_\_\_

If so, where? \_\_\_\_\_

### References:

Please have three persons (other than members of your family) mail letters of reference to:

Connie Haynes 801 Kornegay Circle Camden, South Carolina 29020