



**Mary Atmar Johnson Scholarship
2026 Scholarship Cycle
Opens Monday, January 26th and
Closes Monday, March 30th at 4:00 p.m.**

Applicant Requirements, Scholarship Application and Instructions

Tidelands Community Hospice Foundation gives five (5) \$1,000 scholarships to five (5) individuals who are or will be pursuing a degree in Nursing or Social Work. Each Scholarship Application is reviewed individually by members of the Scholarship Committee and if needed, applicants are contacted to be interviewed. It is our hope to announce this year's five (5) recipients at the end of April. The five (5) scholarship recipients will be contacted by telephone and sent a confirmation letter. Other applicants will be notified by mail.

It is IMPORTANT to read Applicant Requirements and Scholarship Application Instructions carefully. Failure to meet the requirements or to follow instructions will result in the Application being disqualified. Please contact Barriedel Llorens, Foundation Director at 843-520-7714, if you have questions or concerns.

Applicant Must:

- Be pursuing a degree in Nursing or Social Work.
- Reside in one of the counties (Georgetown, Horry, Williamsburg) served by Tidelands Community Hospice.
- If needed, provide additional information and be available for a personal interview.

The Mary Atmar Johnson Scholarship Application consists of the following sections. EACH section MUST be completed following the instructions and include only the information requested and required. It MUST be submitted in its entirety according to submission instructions.

- Applicant Information Form: Applicant Information
- Two (2) Reference Forms: 1st Form is the Character Reference
2nd Form is School Official or Employer
- Essay: Typed double spaced, no longer than two (2) pages, stating Applicant's personal and career goals.

The Scholarship Application MUST:

- Be completed and submitted in its entirety following ALL instructions and requirements. If not typed, handwriting must be LEGIBLE, and Scholarship Application should be signed and dated by Applicant.
- Be submitted via in person delivery or mailed and must be received at Tidelands Community Hospice Administration office by DEADLINE DATE and TIME of 4:00 pm on Monday, March 30th. Applications CAN NOT be emailed or faxed

In Person: Tidelands Community Hospice Administrative office

407 Church Street Unit G Georgetown, SC 29440

Office Hours: Mon.-Thur. 8:00 am-4:30 pm & Fri. 8:00 am-2:00 pm

Mailed: Barriedel Llorens

Tidelands Community Hospice

407 Church Street Unit G Georgetown, SC

NOTE: Applications that are postmarked with the deadline date but **are NOT physically** in the administrative office by **March 30th at 4:00 pm** will be **DISQUALIFIED**.



*** Deadline for Scholarship Application submission to Tidelands
Community Hospice Administrative Office is
March 30th no later than 4:00 pm***

Please print:

Applicant Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____

Email Address _____

Anticipated field of study: Social Work _____ Nursing _____

Are you currently attending school? Yes _____ No _____

If Yes, School Name and Grade Level _____

College or University you are planning to attend _____

**If chosen as a Recipient, a copy of acceptance letter must be submitted prior to receiving scholarship.*

Are you currently working? Yes _____ No _____

Name of Employer _____

Position and length of time _____

Have you previously applied for the Mary Atmar Johnson Scholarship? Yes _____ No _____

If Yes, please state year _____

If you have been a recipient of the Mary Atmar Johnson Scholarship, please state year _____

Do you have a family member or know anyone that is currently employed with Tidelands Community Hospice?

Yes _____ No _____

How did you find out about the Mary Atmar Johnson Scholarship? _____

Please Print Applicant Name_____

1) **LIST** what you consider, **three (3)** of your strengths:

2) **LIST** what you consider, **three (3)** of your weaknesses:

3) **LIST** your Extracurricular Activities or Hobbies:

4) **LIST** your Volunteer Activities:

5) **LIST** any Life Experiences that have led you to pursue a degree in Nursing or Social Work.
Ex: Helped in providing care for grandmother. Ex: Working with children at my church.

Applicant Signature_____ **Date**_____



Applicant Name _____

*Applicant please put your name, prior to giving to your Character Reference.

A Character Reference:

Is someone, such as a minister, church member, family friend or someone who has known you for an extended period, MUST be over 21 years of age and is NOT related to you NOR is a School official or an Employer.

Character Reference Form: MUST be completed, signed by Reference and included in the completed Scholarship Application. It cannot be mailed or delivered separately from the Scholarship Application.

(Please print)

Reference Name _____

Address _____ City _____

State _____ Zip _____ Telephone _____

In what capacity have you known the Candidate and for how long _____

1. **LIST three (3)** qualities of the Applicant that will aid her/him in the career they are pursuing.

2. On a scale of 1 to 5 with **5 being the highest**, please rate the applicant's:

____ Listening Ability ____ Relating and Collaborating with others ____ Integrity

____ Commitment to task ____ Work ethic ____ Resilience ____

____ Ability to learn from mistakes ____ Handling of stress ____ Time management

3. Any additional comments to help the Scholarship Committee evaluate this Applicant:

Reference Signature _____ Date _____



2026 SECOND REFERENCE FORM - SCHOOL OFFICIAL OR EMPLOYER

Applicant Name _____

***Applicant please put your name, prior to giving School Official or
Employer Reference**

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A School Official or Employer Reference: MUST be a Teacher, Counselor, Coach OR an Employer or Supervisor, MUST be 21 years of age and NOT related to the Applicant.

School Official or Employer Reference Form: MUST be completed, signed by Reference and included in the completed Scholarship Application. It cannot be mailed or delivered separately from the Scholarship Application.

(Please Print)

Reference Name _____

Address _____ City _____

State _____ Zip _____ Telephone _____

How long have you known the applicant and in what capacity _____

1. LIST **three (3) qualities** of the Applicant that will aid her/him in the career they are pursuing.

2. On a scale of 1 to 5 with **5 being the highest**, please rate the applicant's:

____ Academic or Work Accomplishments ____ Relating and Collaborating with others

____ Leadership abilities ____ Commitment to task ____ Work ethic ____ Integrity

____ Handling of stress ____ Ability to learn from mistakes ____ Resilience

____ Time management

3. Any additional comments you may have to help the Scholarship Committee evaluate this Applicant:

Reference Signature _____ Date _____