



**Mary Atmar Johnson Scholarship  
2026 Scholarship Cycle  
Opens Monday, January 26<sup>th</sup> and  
Closes Monday, March 30<sup>th</sup> 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: 1<sup>st</sup> Form is the Character Reference  
2<sup>nd</sup> 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 30<sup>th</sup>. Applications CAN NOT be emailed or faxed

In Person: Tidelands Community Hospice Administrative office

407 Church Street Unit E 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 E Georgetown, SC

**NOTE: Applications that are postmarked with the deadline date but are NOT physically in the administrative office by March 30<sup>th</sup> 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**

**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 \_\_\_\_\_