

THE VIRGINIA B. JOHNSON NURSING SCHOLARSHIP RMC Foundation

3000 St. Matthews Road • Orangeburg, SC 29118
(803) 395-2321

Scholarship Application for the 2025 -2026 Academic Year

1. _____
Student's Last Name First Name Middle Initial Name Called

Sex: Male Female

Date of Birth: _____
MO DAY YEAR

Phone Number/Cell(s) Email Address

**Please be sure to provide the best number to reach you and/or be able to leave a message in case we need to notify you of an incomplete application.*

Student's Current Address (number and street) - Please use home address if you reside on campus

City State Zip Code

2. Student's Marital Status..... Single Married Divorced/Separated/Widowed

3. Are you a legal resident of the United States? Yes No

4. Are you a resident of Orangeburg, Calhoun, Bamberg or Barnwell County? Yes No

- If you are not a resident of one of the above named counties, are you attending an accredited nursing program in Orangeburg County? Yes No

○ Please list your county of residence: _____

****INCOMPLETE APPLICATIONS WILL NOT BE SUBMITTED TO THE
SELECTION COMMITTEE FOR CONSIDERATION***

IMPORTANT: Deadline is June 30, 2025

For Official Use Only

Date Received: _____

Packet Complete: Y / N

Meets Eligibility Requirements: Y / N

5. List name and address of high school(s) and college(s):

Provide an official transcript of all college level grades.

Official digital generated transcripts can be accepted. However, they must be sent directly to us from your school. They can be sent to rmcfoundation@musc.edu .

_____ Highest Level Completed _____ year(s)
attended/graduated
_____ year graduated

_____ Class Rank/GPA if available _____

_____ Highest Level Completed _____ year(s)
attended/graduated
_____ year graduated

_____ Class Rank/GPA if available _____

6. Please list the name and address of the school where you are currently enrolled in an accredited nursing program:

7. Estimated dollar amount that one (1) year of nursing would cost at institution you are attending. Please break down by:

Room and Board \$ _____ Tuition & Fees \$ _____
Books \$ _____ Other \$ _____
Total \$ _____

8. What other scholarships have you been awarded for the upcoming semester or year and what is their amount:

9. Why did you choose nursing as a career?

10. Please describe your service to your school. _____

11. Please describe your service to your community. _____

12. List extra curricular activities or responsibilities (to include work experience, family responsibilities, or volunteer work): _____

- If you need more space for this section, feel free to use the back or additional paper.

Scholarship Criteria

Students that are pursuing R.N. credentials through an Associate or Bachelors program, or a higher nursing degree from an accredited program, may apply if they meet the following criteria:

- Must be in or will be starting at least the second year of one of the programs listed above; as a Full-time student
- Have achieved a minimum cumulative GPA of 3.0
- Be a resident of Orangeburg, Bamberg, Barnwell or Calhoun Counties; or
- Be a resident of an adjacent South Carolina county enrolled in an accredited nursing program in Orangeburg County

All applicants should know that the Scholarship Committee is placing increasing emphasis on academic achievement.

First time applicants must submit the completed application with the following:

- Three letters of recommendation to include one from a former professor/teacher (in your major if possible) and another from someone who can speak to your service to your school or community – **letters of recommendation must be signed and include the title or position of the author and relationship to you.** Letters of recommendation are very important and must be signed; therefore, we do not accept letters that have been emailed. Thank you for your understanding.
- A brief, signed essay to the Committee explaining why you should be chosen to receive the Virginia B. Johnson Nursing Scholarship.
- An official, sealed transcript of all college level grades.
 - No web generated transcript shall be accepted from the applicant; it must be an official, sealed copy from the school. The school may send an official digital copy via email to rmcfoundation@musc.edu.
- A copy of your acceptance letter to the accredited nursing school/program you are attending

Applicants that previously applied but did not receive an award may re-apply. You will need to submit the application with all required information just like first time applicants. See box above.

Recipients awarded the Virginia B. Johnson Scholarship last year, or the last couple years consecutively need only submit an updated demographic sheet and official transcript. The Selection Committee would also appreciate a brief note from you, highlighting your academic progress and career goals since your original application.

STUDENT'S AGREEMENT

I hereby certify that:

1. I will be a full-time student as defined by the institution I have indicated and will be enrolled in the nursing curriculum indicated on this application in the Fall of _____.
2. I will use the proceeds of the Virginia B. Johnson Nursing Scholarship for the payment of tuition and required fees, books and/or required uniforms, room and board or similar living expenses. If I withdraw from this school, any remaining funds will be returned to the Regional Medical Center Foundation/the Virginia B. Johnson Nursing Scholarship.
3. I agree to allow college/university officials to release transcripts and periodic information concerning my academic progress to the Virginia B. Johnson Nursing Scholarship committee and staff of the Regional Medical Center Foundation.

Signature of Applicant

Date