



Beaufort Memorial
Foundation

Marmo Family Nursing Scholarship

The Marmo Family Nursing Scholarship was established by Chris and Trisha Marmo to provide direct incentives for area residents accepted into an accredited nursing program, strengthen the labor pool for Beaufort Memorial Hospital and provide financial assistance to students admitted to an accredited nursing program.

The Beaufort Memorial Foundation will manage and track the distribution of scholarship funds to recipients. The Foundation will continue to accept gifts to this fund at any time.

Eligibility. Active college students admitted to an accredited nursing program who are residents of Beaufort, Jasper, or Hampton County or attend a nursing program located in Beaufort, Jasper or Hampton County.

Amount of assistance. Up to \$4,000 per semester. This is a direct scholarship that will be disbursed from BMH to the scholarship recipients. Upon selection of this scholarship, the funds will be distributed each semester while the recipient is enrolled with good standing in an accredited nursing program. A maximum of five (5) recipients are selected each year to be followed through the duration of their nursing program.

Selection Committee. Selection of scholarship recipients will be accomplished through a committee with representation from the Marmo Family, Hospital Administration and the BMH Foundation.

Application Deadline and Notification: Applications will be accepted April-June each year. Awardees will be notified in July.

Mail completed applications to:
Beaufort Memorial Foundation
Attn: Marmo Family Scholarship
P.O. Box 2233
Beaufort, SC 29901

Email Complete Forms to:
BmhFoundation@bmhsc.org



Beaufort Memorial Foundation

Marmo Family Nursing Scholarship Application

(APPLICATIONS WILL BE REVIEWED ANNUALLY)

Name: _____
(LAST) (FIRST) (MIDDLE)

Address: _____

Phone: _____ Email: _____

Are you, or members of your immediate family, employed by BMH? Yes No

Degree Program and Educational Institution, attach details:

List schools you have attended:

NAME	CITY/STATE	DATES ATTENDED	DIPLOMA/DEGREE
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List achievements or honors received and/or community service:



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The Scholarship Committee will not consider applications unless all required documentation listed below is enclosed.

- *I have enclosed all of the following materials. I understand that it is my responsibility to submit a complete application, and that the Scholarship Committee will not contact me to complete it. I understand that my application will be denied if it is incomplete.*

Please check off that each item is enclosed:

- _____ Letter of Acceptance to Accredited Nursing School
_____ 500 word essay on “Why I choose to pursue a Degree in Nursing”
_____ Two letters of personal reference

CERTIFICATION

(MUST BE SIGNED BY APPLICANT – Unsigned Applications Will be Denied)

All the information provided in this application is true and complete to the best of my knowledge.

Signature

Date

Scholarship Acceptance Agreement:

I, _____, have accepted a scholarship from Beaufort Memorial Hospital Foundation in the amount of \$4,000 per semester to help fund my education at _____ (Name of School). I understand I must maintain good standing for my academic institution to maintain my scholarship.

Signature

Date