



## United Hospice Foundation Scholarship Program

### Neil L. Pruitt, Sr., Dorothy Shull, Coy Williamson and Robin W. Bryson Scholarships

#### Purpose of the Program

The United Hospice Foundation Scholarship Program was created to help defray the cost of:

- ✿ Nursing school for students who have an interest in hospice or long-term care.
- ✿ Pharmacy school for students who are dedicated to helping those in hospice or long-term care.
- ✿ Rehab school for students who are dedicated to helping those in hospice or long-term care.

The Program offers assistance with the costs of tuition and books for scholarship recipients.

#### Eligible Applicants

To be considered for a scholarship, you must demonstrate financial need and a strong commitment to hospice nursing, long-term care, and/or pain management.

All applicants must be legal residents of Georgia, North Carolina, South Carolina or Florida and must be:

- ✿ Accepted into a nursing program working towards a Diploma, Associates, Bachelors or Masters degree as a Registered Nurse or Licensed Practical Nurse.
- ✿ Accepted into a school of pharmacy working towards a degree of PharmD.
- ✿ Accepted into a school of rehabilitation working towards a degree of Physical Therapy, Occupational Therapy or Speech Therapy.

Staff and Officers of the United Hospice Foundation, as well as their relatives, are not eligible for this scholarship program.

#### Application Requirements (see *Application Checklist* for specifics)

Each applicant must:

1. Submit a completed application form including *Employment Record* and *Statement of Financial Need*
3. Provide the names, phone numbers and addresses of three personal references and three professional references.
4. Submit a formal and comprehensive essay regarding the applicant's commitment to work in hospice or long term care.
5. Submit a copy of applicant's letter of acceptance from a school of pharmacy or an accredited school of nursing in the state of residence.
6. Submit a copy of applicant's most current high school or college transcripts.
7. Successfully complete one of the approved courses through Pruitt University.

The Foundation Board is charged with receiving and acting upon all applications for scholarships. Scholarship recipients will be chosen in a non-discriminatory manner.

#### Contractual Obligations

- ✿ Successfully complete one of the approved courses through Pruitt University.
- ✿ All scholarship recipients are to maintain a "B" average or better for the scholarship year.
- ✿ The Foundation Board may cancel any scholarship for cause deemed sufficient by the Board.

#### Awarding of Scholarships

Scholarships winners are announced annually in the fall and are good towards tuition and books for the upcoming school year. Half of the scholarship payment (\$500) will be made directly to the applicant's educational institution in the fall. The other half of the scholarship payment (\$500) will be made directly to the applicant's educational institution in January. Applicants may reapply for the scholarship every year.

#### Scholarship Repayment Obligations

There is no obligation to repay this scholarship.

#### Obtaining an Application

Applications are available beginning in January through the Foundation office or on [www.unitedhospicefoundation.org](http://www.unitedhospicefoundation.org). Completed applications should be received by the United Hospice Foundation office by June 30 for consideration. You may write or call:



**United Hospice Foundation Scholarship Program**  
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**Application**

<b>Name:</b>	
<b>Home Address:</b>	
<b>Home Phone:</b>	

<b>SS #:</b>	
<b>School Address:</b>	
<b>School Phone:</b>	

**High School:**

<b>School Name:</b>	
<b>Cumulative GPA:</b>	
<b>Graduation Date:</b>	

**Technical School:**

<b>School Name:</b>	
<b>Cumulative GPA:</b>	
<b>Graduation Date (actual or expected):</b>	

**College/University:**

<b>School Name:</b>	
<b>Cumulative GPA:</b>	
<b>Graduation Date (actual or expected):</b>	

**School Currently Enrolled At:**

<b>School Name:</b>	
<b>Cumulative GPA:</b>	
<b>Expected Graduation Date:</b>	

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**Employment Record**

Name: \_\_\_\_\_

Dates Month & Year From ___ to ___	Employer Name, Address & Phone	Position Title & Description of Duties/Responsibilities	# of Hours/ Week



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**Statement of Financial Need**

Name: \_\_\_\_\_

1. Do you live with your parents?       Yes    No

2. Are you your sole support?       Yes    No

5. How many hours/week do you work? \_\_\_\_\_

3. Yearly Income:

Parents:      \$ \_\_\_\_\_/year

Self:      \$ \_\_\_\_\_/year

Spouse:      \$ \_\_\_\_\_/year

4. How many persons are dependent upon your salary? \_\_\_\_\_

8. What kind of family circumstances affect financial need? (ex: illness, childcare support, debts, etc.)

\_\_\_\_\_  
\_\_\_\_\_

10. What other sources of income do you have to help you with your education? (ex: other scholarships, loans, VA benefits, etc.)

Current academic year (include dollar amount): \$ \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Next academic year (include dollar amount): \$ \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I certify the information provided on this application is true & complete to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Completed



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**Application Checklist**

**Please send the following:**

- Completed application, including *Employment Record* and *Statement of Financial Need*
- Copy of latest high school or college transcripts.
- A listing of names and telephone numbers for three personal and three professional references.
- A *Letter of Acceptance* from a pharmacy school or an accredited school of nursing in the state of residence (*if applicant has not yet begun training*).
- A typed essay (no longer than three pages, single spaced, 12 point font) which includes the following information:
  - Describe why the applicant should be chosen to receive this award/What sets the applicant apart from all of the others applying for the scholarship?
  - Describe why applicant is pursuing a career in nursing or pharmacy.
  - Describe applicant's career goals.

**Send all of the above documents to:**

**United Hospice Foundation**  
1626 Jeurgens Court  
Norcross, GA 30093

**Direct questions to:**

Fran Poole, Executive Director  
United Hospice Foundation  
(678) 533-6462  
(800) 956-5354  
[fpoole@unitedhospicefoundation.org](mailto:fpoole@unitedhospicefoundation.org)

**Deadline:**

Completed applications should be received by the United Hospice Foundation office by June 30 for consideration.