



## **2022 MARY ATMAR JOHNSON SCHOLARSHIP**

To honor “Mamar” and to perpetuate Tidelands Community Hospice’s cycle of caring and commitment, the *Mary Atmar Johnson Scholarship* was established.

Tidelands Community Hospice Foundation awards annually four (4) \$1,000 scholarships to four (4) individuals who are or will be pursuing a degree in Nursing or Social Work.

### ***Mary Atmar Johnson***

Mary Atmar Johnson, affectionately called “Mamar,” was one of this hospice’s founders and served on the original committee. In the 1980’s members of our community and local medical professionals had begun to hear about hospice care. They had a desire to provide help to those in the community who were terminally ill. In 1981, women of Prince George Church decided to devote the money raised from their first bake sale to efforts to establish a hospice in Georgetown.

A Steering committee, comprised of “Mamar,” with other members of the community and medical profession, was formed. They had a vision for a comprehensive program ministering to the terminally ill. Thanks to their grassroots efforts, in March 1985, licensure as one of the first not-for-profit hospices in South Carolina was granted to Tidelands Community Hospice, then Hospice of Georgetown. Its first patient was admitted in April 1985. Today, we are the only locally based and governed not-for-profit hospice providers serving Georgetown, Horry, and Williamsburg Counties.

In 2002, to better reflect the communities served in Georgetown, Horry, and Williamsburg counties, our name was changed to Tidelands Community Hospice. In choosing a name it was important that “community” be part of the name. Serving, being a part of, and giving back to the community is an integral part of this hospice.

Thirty-seven years later, Tidelands Community Hospice continues to carry out its mission of providing compassionate quality care and comfort to people with terminal illnesses while supporting the people who love them. It is just as important today as it was to “Mamar” and our founders to provide care, beyond the traditional role, comfort, and support to all, regardless of one’s financial status or life situation. At a time when every moment counts, no one is turned away.

### ***2022 Mary Atmar Johnson Scholarship***

2022 Scholarship Information, Applications, and Instructions are available at our Administrative Office 2591 N. Fraser Street, Georgetown and on Website [tidelandshospice.org](http://tidelandshospice.org). The deadline for the 2022 Mary Atmar Johnson Scholarship completed application to be in Tidelands Community Hospice’s Administrative office in Georgetown is no later than 4:00 pm on Monday, March 14, 2022. Applications are reviewed by the Scholarship Committee. This year’s four (4) Recipients are scheduled to be announced the last week in April. The announcement date is subject to change based on Scholarship Committee recommendations.

We ask that you share the enclosed Scholarship information with others. Please contact Barriedel Llorens, Foundation Director at 843-520-7714 for additional information or questions.

Thank you,  
*Barriedel Llorens,*  
Foundation Director  
Enc.

**2591 N. Fraser Street Georgetown, SC 29440**  
**Telephone: 843-546-3410**  
**Website: [tidelandshospice.org](http://tidelandshospice.org)**



## 2022 MARY ATMAR JOHNSON SCHOLARSHIP REQUIREMENTS AND APPLICATION INSTRUCTIONS

It is **important to read requirements and instructions carefully.**

**NOTE: Failure to meet the requirements or to follow instructions will result in an Application being disqualified. Please contact Barriedel Llorens, Foundation Director at 843-520-7714, if you have questions or concerns.**

### Applicant Requirements

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 be available for a personal interview.

### Application Requirements

The Application MUST be:

- Completed and submitted following **all** instructions and requirements.
  - Signed and dated by the Applicant.
  - If Application is not typed, handwriting must be legible.
- \*Failure to meet application requirements will result in the Application being disqualified.

### Completed Application Submission Requirements

Completed applications MUST be either **mailed or delivered** to Tidelands Community Hospice Administrative office by Deadline Date and Time.

**\* 2022 Scholarship Application Deadline Date and Time for Scholarship Application to be in Tidelands Community Hospice's Administrative office is Monday, March 14<sup>th</sup> no later than 4:00 pm\***

- Mail to: Barriedel Llorens  
Tidelands Community Hospice  
2591 N. Fraser Street Georgetown, SC 29440

**NOTE:** Applications that are postmarked with deadline date but not physically in the Administrative office in Georgetown by the deadline date and time will be disqualified.

- Delivered only during business hours to: Tidelands Community Hospice  
2591 Fraser Street Georgetown, SC

Office Hours: Monday - Thursday 8:00 am - 4:30 pm and Friday 8:00 am – 2:00 pm

**NOTE:** Applications **cannot be emailed or faxed.** This decision was made by Scholarship Committee for the following reasons 1) applications not received in entirety when sent via fax or email and (2) applications received on the deadline date but not by the deadline time when sent via fax or email.

### Mary Atmar Johnson Scholarship Application

The Scholarship Application consists of the following:

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

**NOTE:** Each section of the Application **MUST** be completed following the instructions for that section and the Application **MUST** be submitted in its entirety according to submission instructions. Each section should include only the information that is requested and required. Failure to follow instructions and requirement will result in Application being disqualified.



**Please print:**

Applicant Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

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 \_\_\_\_\_

If you 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 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 in pursuing a degree in Nursing or Social Work.  
Ex: Helped in providing care for grandmother. Working with children at my church.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_



**2022 1<sup>ST</sup> REFERENE FORM      CHARACTER REFERENCE**

**Applicant Name** \_\_\_\_\_

**\*Please print your name, prior to giving to your Character Reference.**

**CHARACTER Reference Requirements & Reference Form Information**

**A Character Reference:**

- Is someone, such as a minister, church member, family friend or someone who has known you for an extended period.
- Cannot be related to you, be a School official or Employer and **MUST** be over 21 years of age.

**Character Reference Form:**

- Must be completed, signed by Reference, and included in the completed Scholarship Application.
- A Reference Form cannot be mailed or delivered separately from the Scholarship Application.

**CHARACTER REFERENCE**

**(Please print)**

Reference Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

1. In what capacity have you known the Candidate and for how long?
  
2. List three (3) qualities of the Applicant that will aid her/him in the career they are pursuing.
  
3. 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
4. Any additional comments to help the Scholarship Committee evaluate Applicant.

**Reference Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



**2022 2<sup>ND</sup> REFERENCE FORM SCHOOL OFFICIAL OR EMPLOYER REFERENCE FORM**

**Applicant Name** \_\_\_\_\_

**\*Please print your name, prior to giving to your School Official or Employer Reference**

**SCHOOL OFFICIAL/EMPLOYER Reference Requirements & Reference Form Information**

**A School Official or Employer Reference:**

- School Official Reference can be a teacher, counselor, or coach. Employer Reference may also be a Supervisor.
- Must be over 21 years of age, not related to Applicant and cannot be a Character Reference.

**School Official or Employer Reference Form:**

- Must be completed, signed by Reference, and included in the completed Scholarship Application.
- A Reference Form cannot be mailed or delivered separately from the Scholarship Application.

**SCHOOL OFFICIAL OR EMPLOYER REFERENCE**

**(Please print)**

Reference Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

1. How long have you known the applicant and in what capacity?

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

3. 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

4. Any additional comments you may have to help the Scholarship Committee evaluate this candidate:

Reference Signature \_\_\_\_\_ Date \_\_\_\_\_