Palmetto Gold Scholarship Program

The Palmetto Gold Nurse Recognition and Scholarship Program is pleased to announce the establishment of the Palmetto Gold Endowed Scholarship Fund. The purpose of this program is to salute South Carolina nurses for excellence in practice and to support nursing education with scholarships.

In January 2002, a coalition of nurse leaders representing major nursing organizations in the state, met to discuss the formation of an annual statewide nurse recognition program that would showcase the valuable contributions nurses make to patient care and raise funds for scholarships for registered nurse students. The inaugural Palmetto Gold Gala was held on May 10, 2002. The success of this program was such that the Steering Committee elected to establish a $1,000 scholarship to be awarded to one student from each of the twenty-seven nursing programs in South Carolina and to begin an endowment for future scholarships.

The Palmetto Gold Scholarship Fund will be administered through the South Carolina Nurses Foundation and recipients of the Palmetto Gold Scholarship will be recognized at the annual gala celebration on April 6th, 2012.

Application Information:

This application packet may be used by any student applying for the Palmetto Gold Scholarship. The Dean or Director of each nursing program will invite students who meet the criteria to complete the application and the Dean (or designee) will make the final selection to submit to the Palmetto Gold Scholarship Selection Committee. Copies may be made of these forms as needed. All required documents of the final candidate should then be placed in an envelope and mailed to the Palmetto Gold Scholarship Selection Committee. The application must be postmarked no later than October 15th, 2012. The Palmetto Gold Scholarship Selection Committee will make the award in early Spring 2013 and will notify the Dean and the recipient by mail.
SCHOLARSHIP INFORMATION

I. **Amount:** $1,000 will be awarded to one registered nurse student in each of the 27 South Carolina registered nurse programs.

II. **Eligibility:** The scholarship will be awarded to a current nursing student enrolled in both Fall and Spring semesters for the 2012-2013 academic year who shows evidence of each of the following four criteria:

   a. Displays caring and commitment to patients, families, and colleagues
   b. Demonstrates leadership and assists others to grow and develop
   c. Promotes the profession of nursing in a positive way
   d. Shows promise of excellence by achieving a high level of academic success (at least a B average in nursing courses)

III. **Deadlines:** Applications for the Palmetto Gold Scholarship should be mailed by **October 15th, 2012** to:

   Palmetto Gold Scholarship Selection Committee
   Annmarie Pinkham, RN
   Director of Corporate Appeals
   BlueCross BlueShield of South Carolina
   I-20 @ Alpine Road, AX-630
   Columbia, South Carolina 29219

IV. **Distribution:** Applications for the award will be mailed to Deans and Directors of SC Schools of Nursing in September, for distribution to qualified nursing students. Each school will determine the scholarship recipient and send the required documentation to the Palmetto Gold Scholarship Selection Committee by **October 15th, 2012.** Checks will be made payable to the recipient and mailed in Spring 2013.
PALMETTO GOLD
SCHOLARSHIP APPLICATION

Application must include:

1. Completed application form below.
2. College transcript – does not have to be an official copy
3. Letters of recommendation from one Nursing Instructor and the Director/Dean of Nursing Program
4. Essay of 200 words or less describing your career goals in nursing and your eligibility for this award.
5. Release form to grant permission for name and school to be included in Program for 2013 Palmetto Gold Gala.

If you have any questions or require additional information, please contact Annmarie Pinkham, RN (803) 264-6919 or Annmarie.Pinkham@BCBSSC.com

Name ________________________________
Address _______________________________________________________
_______________________________________________________________________
_______________________________________________________________________
Phone# ___________________________ SS#____________________________________
Email Address __________________________________________________________
Nursing Program _______________________________________________________
Anticipated Graduation Date _____________________________________________
School/Community Involvement ____________________________________________
_______________________________________________________________________
_______________________________________________________________________
Work Experience _________________________________________________________
_______________________________________________________________________
Scholastic Achievement ___________________________________________________
RELEASE OF INFORMATION AGREEMENT

If I receive the Palmetto Gold Scholarship,

I am willing to have the award made public   ____ Yes   ____ No

I am willing to have my name and school included in the Palmetto Gala Program   ____ Yes   ____ No

I am willing to attend the Gala (complementary ticket)   ____ Yes   ____ No

I hereby give the Palmetto Gold Scholarship Selection Committee permission as noted above.

Applicant’s signature __________________________________________     Date ___________
PALMETTO GOLD SCHOLARSHIP
Dean/Director Recommendation Form

______________________________ is being considered for a Palmetto Gold Scholarship. This recommendation form is a necessary part of the application process. All applications and recommendations are confidential and will be shared only with those persons involved in the scholarship selection process.

In what capacity and for how long have you known the applicant?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Please describe the applicant in relation to the criteria outlined in this packet.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Please rate the applicant on the following traits, assigning a number from 1 (below average) to 5 (excellent) or N (no observation/unable to rate).

Character _____  Compassion _____  Critical Thinking Skills _____
Maturity _____  Service to others _____  Interpersonal Skills _____
Communication _____  Leadership _____  Professional Involvement _____

Name of person completing recommendation (Please print) ____________________________
Signature ______________________________________ Date _____________________

Please send with documents to the Palmetto Gold Scholarship Selection Committee.

Palmetto Gold Scholarship Selection Committee
Annmarie Pinkham, RN
BlueCross Blue Shield of South Carolina
I-20 @ Alpine Road, AX-630
Columbia, SC  29219
PALMETTO GOLD SCHOLARSHIP
Nursing Faculty Recommendation Form

_______________________________ is being considered for a Palmetto Gold Scholarship.

This recommendation form is a necessary part of the application process. All applications and
recommendations are confidential and will be shared only with those persons involved in the
scholarship selection process.

In what capacity and for how long have you known the applicant?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

______________________________________________________________________________

Please describe the applicant in relation to the criteria outlined in this packet.
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

______________________________________________________________________________

Please rate the applicant on the following traits, assigning a number from 1 (below average) to 5
(excellent) or N (no observation/unable to rate).

Character _____ Compassion _____ Critical Thinking Skills _____
Maturity _____ Service to others _____ Interpersonal Skills _____
Communication _____ Leadership _____ Professional Involvement _____

Name of person completing recommendation (Please print) ____________________________

Signature __________________________________________  Date _____________________

Please send with documents to the:

Palmetto Gold Scholarship Selection Committee
Annmarie Pinkham, RN
BlueCross Blue Shield of South Carolina
I-20 @ Alpine Road, AX-630
Columbia, SC  29219
Directions for submitting application for Palmetto Gold Scholarship:

**Dean/Director’s responsibility:**

1. Notify the student or students you believe meet the criteria for the scholarship and give them a copy of this application packet. You may wish to involve the nursing faculty in the decision at this time. You may copy the application forms as needed. Be sure to assign a deadline so that you can complete the process and mail the package by **October 15th, 2012.**
2. Choose one candidate from among those applying and fill out the faculty recommendation forms – one from a nursing faculty member and one from the Dean/Director of the nursing program.
3. Be sure to ask the student to sign the consent form for release of information and include that with the rest of the documentation.
4. Mail the entire packet to:

   **Palmetto Gold Scholarship Selection Committee**
   Annmarie Pinkham, RN
   BlueCross Blue Shield of South Carolina
   I-20 @ Alpine Road, AX-630
   Columbia, SC  29219

   The application must be postmarked by **October 15th, 2012.**

**Eligible student’s responsibility:**

1. Complete the Application Form.
2. Provide relevant transcript and/or current nursing course progress record
3. Write an essay of 200 words or less describing your career goals in nursing in terms of your eligibility for this award
4. Sign the Release Form indicating whether or not you are willing to have your name and school included in the 2013 Palmetto Gold Gala Program
5. Turn these documents in to your Dean/Director prior to the announced date.
6. If you are selected by your Dean/Director and nursing faculty to be your school’s Palmetto Gold Scholarship Recipient, ask one faculty member and your Dean/Director to fill out the Faculty Recommendation Form and to send all documents to the Palmetto Gold Scholarship Selection Committee for final approval.

**Materials submitted for consideration must be postmarked no later than October 15th, 2012.**