



May 20, 2025

Dear Scholarship Applicant,

On behalf of the Scholarship Advisory Committee and The Tuomey Foundation, I want to thank you for your interest in the scholarship program. This is a very exciting time, and a great deal of work has taken place to make this a reality.

If not for the generosity and commitment of the team members and volunteers of Prisma Health Tuomey Hospital, this would not be possible. Through their efforts, the scholarship endowment was created to provide for educational opportunities for our Prisma Health Tuomey Hospital family. The income generated from the endowment is distributed and students will benefit for generations to come.

We are extremely pleased to have been able to offer scholarships for twenty-two consecutive years. The number of qualified applicants and the income recognized from the scholarship endowment will determine the actual number of awards. It is our sincere hope this will be exceptionally obliging to the recipient as they pursue furthering their education.

**Enclosed you will find the scholarship application and guidelines. Please pay close attention to the instructions, make sure your application is completed in its entirety, before submitting it to The Tuomey Foundation by 12:00 pm on Thursday, July 24, 2025.**

If you have any questions, please do not hesitate to contact me at 803-774-9037. Again, thank you for your interest. I wish you the best as you begin your application process.

Sincerely,

*Beth*

Beth Luebbert  
Manager, The Tuomey Foundation  
115 N. Sumter St. Suite 420A  
Sumter, SC. 29150  
803-773-9037  
[catherine.luebbert@prismahealth.org](mailto:catherine.luebbert@prismahealth.org)



## SCHOLARSHIP ENDOWMENT

The Tuomey Foundation annually awards scholarship funds to students pursuing higher education. Selection is based upon academic performance and community service.

### Eligibility

1. Current team members of Prisma Health Tuomey Hospital.
2. Individuals whose parent or grandparent (must be legal guardian and provide proof of guardianship), current spouse, or legal guardian is a current team member of Prisma Health Tuomey Hospital (i.e., dependent children, dependent grandchildren, current spouse, or legal ward). The applicant must be a South Carolina resident. Special consideration on residency will be given to military personnel and their dependents.
3. Eligible team members who work PRN must work a minimum of **250 hours** between **May 1, 2024, and April 30, 2025**, and provide confirmation of dates of employment.
4. Active volunteers with 250 accumulated hours of volunteer service. Applicants must have also volunteered between **May 1, 2024 and April 30, 2025**, and provide confirmation of volunteer hours.
5. Applicants must be currently accepted or enrolled in courses of higher education. (This does not include certifications, continuing education classes or high school dual enrollment).
6. Complete application form in its entirety, including 100 – 250 word typed essay.
7. Two letters of reference (non-family), including a present or past teacher, must accompany application, mailed to the Foundation office or emailed to [catherine.luebbert@prismahealth.org](mailto:catherine.luebbert@prismahealth.org). Prisma Health Tuomey Hospital team members not yet enrolled in coursework should submit a letter of reference from their immediate supervisor and another reference. Prisma Health Tuomey Hospital team members currently enrolled should submit both a letter from a past or present teacher and a letter of reference from his/her immediate supervisor.

### Policy

1. The Tuomey Foundation and Scholarship Advisory Committee will determine the number of scholarships to be awarded each year.
2. **One application per family per year.**
3. Scholarships are awarded for the academic year beginning **Fall 2025**.
4. Past recipients may apply in the next application cycle pending a GPA of 2.0 or greater. (Applicants must provide the latest transcript with application.)
5. Application packets will be available **May 20, 2025**.
6. All completed applications should be received by The Tuomey Foundation office **no later than 12:00 pm on Thursday, July 24, 2025. Failure to do so will result in disqualification.**
7. Qualified applications will be reviewed, and applicants interviewed (if necessary) by the Scholarship Committee during the month of **August 2025**.
8. Scholarship recipients will be notified no later than **August 31, 2025**, by email.
9. Checks will be distributed no later than **September 30, 2025**.

**Checklist for Consideration for  
Prisma Health Tuomey Hospital  
Scholarship Endowment**

- ☐ Completed application. You MUST fill out and return every page, including the High School and College/University Activity Sheets, even if they do not apply to you for your application to be complete. Please specify “not applicable” or N/A if the sheet or question does not apply to you.
- ☐ Two current letters of reference from non-related people, as explained on page 3 of the application packet.
- ☐ GPA, SAT or ACT scores, and official transcript from your high school or most recent college/university transcript. Hard copy transcripts must be received sealed from school or college/university directly to The Tuomey Foundation address. If electronic, Parchment document can be sent to [Catherine.Luebbert@PrismaHealth.org](mailto:Catherine.Luebbert@PrismaHealth.org) before stated application deadline. See page 3 of the application.
- ☐ 100-250 word typed essay, as explained on page 3 of the application.
- ☐ Verification of Prisma Health Tuomey team member or volunteer hours. See page 3 of the application.
- ☐ Provide a copy of the college/university acceptance letter.

You must turn in every item stated, as explained in the scholarship application packet, by Thursday, July 24, 2025, at 12:00 pm or your application will be considered incomplete, and you are no longer eligible.



THE TUOMEY FOUNDATION

## SCHOLARSHIP APPLICATION

### Part I. Personal Data

Name \_\_\_\_\_  
(Last) (First) (Middle Initial)

Address \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

Telephone \_\_\_\_\_  
(Home/Cell) (E-mail)

Date of Birth \_\_\_\_\_

High School \_\_\_\_\_  
(If currently enrolled)

GPA of \_\_\_\_\_ out of possible \_\_\_\_\_

SAT \_\_\_\_\_ ACT \_\_\_\_\_

College/ University \_\_\_\_\_

GPA of \_\_\_\_\_ out of possible \_\_\_\_\_

Location \_\_\_\_\_ Credit Hours Remaining for Degree \_\_\_\_\_

Major Being Considered \_\_\_\_\_

Prisma Health Tuomey Hospital team member associated with applicant:

\_\_\_\_\_

Date Employed \_\_\_\_\_ Full Time \_\_\_\_\_ PRN \_\_\_\_\_

If applying as a team member or volunteer, please indicate which department and how many hours you have accumulated. Verification letter from Volunteer Services or Human Resources Department must accompany this application.

Department \_\_\_\_\_ Team Member/Volunteer Hours \_\_\_\_\_

**Part II. Personal Goals**

1. To which school(s) have you applied and/or been accepted?

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2. Please list any scholarships applied for and received.

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3. Approximate period of study (years) needed to accomplish your educational goals.

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4. Describe your career goals. List immediate and future goals in your chosen field of study.

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**PLEASE READ CAREFULLY**

**Part III. Civic and Community Activities, Honors, Awards, and Employment**

Please complete the Activity Data Sheet to outline your various extracurricular activities and achievements. **Detail below any (not easily categorized on the form) activity, award, honor, or if you provide care for someone. Include details with times, dates, etc.**

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**Please include the following:**

- 1.** Two current letters of reference from non-related people (one must be from a past or present teacher). Prisma Health Tuomey Hospital team members not yet enrolled in coursework should submit a letter of reference from their immediate supervisor and another reference. Prisma Health Tuomey Hospital team members currently enrolled should submit **both** a letter from past or present teacher and a letter of reference from their immediate supervisor.
- 2.** GPA and SAT or ACT scores from your high school or college/university.
- 3.** 100 – 250 word typed essay. Please tell us about yourself, what is important to you, and how this scholarship will help in achieving your goals. (The essay is not scored but allows the review committee to know a little more about you.)
- 4.** Volunteer and team members must include verification of hours (see Volunteer Services Manager or HR contact).
- 5.** **A sealed transcript must be sent to The Tuomey Foundation office from the high school or college/university (only most recent). Photocopies or original transcripts submitted by the applicant will not be accepted.**
- 6.** Provide a copy of the college/university acceptance letter.

**All information must be received no later than Thursday, July 24, 2025 by 12:00 pm.**

The Tuomey Foundation  
115 N Sumter Street, Suite 420A  
Sumter, SC 29150  
[www.thetuomeyfoundation.org](http://www.thetuomeyfoundation.org)

If you have any questions, you may contact The Tuomey Foundation at (803) 774-9037 or e-mail, [catherine.luebbert@prismahealth.org](mailto:catherine.luebbert@prismahealth.org)

**HIGH SCHOOL SCHOLARSHIP APPLICATION ACTIVITY DATA SHEET**  
**THIS SHEET MUST BE RETURNED IN ORDER FOR YOUR APPLICATION TO BE COMPLETE (ONLY GRADUATING STUDENTS)**

CLASS OR STUDENT COUNCIL OFFICER	9 <sup>TH</sup> GRADE					SPORTS: SPECIFY IF YOU PLAYED LEAGUE, JR. VARSITY, OR VARSITY BY WRITING AN "L", "JV", OR "V" UNDER THE APPROPRIATE GRADE FOR EACH SPORT YOU LIST						
	10 <sup>TH</sup> GRADE											
	11 <sup>TH</sup> GRADE											
	12 <sup>TH</sup> GRADE											
		9	10	11	12	Office/Position	Sport	9	10	11	12	CAPT, CO-CAPT, LETTER
Language club (SPECIFY- )												
Beta club												
KEY CLUB												
NEWSPAPER												
LITERARY MAGAZINE												
YEARBOOK							<b>ACADEMIC AWARDS, HONORS, AND HONOR SOCIETIES: (SPECIFY) OFFICES HELD</b>					
FCA							JR / NATIONAL HONOR SOCIETY					
DRAMA CLUB and PRODUCTIONS (LIST NUMBER)												
Cheerleading												
MUSIC:	BAND						<b>WORK EXPERIENCE:</b>					
	ORCHESTRA						PLACE OF EMPLOYMENT					SUMMER
	CHOIR						9					HRS / WEEK
	OTHER						10					SCHOOL YEAR
OTHER SCHOOL ACTIVITIES:							11					
							12					
							<b>COMMUNITY INVOLVEMENT: (SPECIFY DATES AND NUMBER OF HOURS OF PARTICIPATION FOR EACH ACTIVITY)</b>					
<b>OTHER LEADERSHIP POSITIONS:</b>												
GIRLS / BOYS STATE												
GOVERNORS SCHOOL												
<b>OTHER ACTIVITIES: (LIST ANY AWARDS)</b>							PREVIOUS HIGH SCHOOL(S) ATTENDED: (SPECIFY SCHOOL(S) AND DATES)					

**USE ADDITIONAL PAPER IF NEEDED TO BE AS DETAILED AS POSSIBLE ABOUT EACH ACTIVITY AND WORK EXPERIENCE**

**COLLEGE/UNIVERSITY SCHOLARSHIP APPLICATION ACTIVITY DATA SHEET**  
**THIS SHEET MUST BE RETURNED IN ORDER FOR YOUR APPLICATION TO BE COMPLETE (ONLY FOR CURRENTLY ENROLLED STUDENTS)**

CLASS OR STUDENT COUNCIL OFFICER	FRESHMAN					SPORTS: SPECIFY WHICH YEAR YOU PLAYED UNDER THE APPROPRIATE GRADE FOR EACH SPORT YOU LIST					
	SOPHOMORE										
	JUNIOR										
	SENIOR										
	F	S	JR.	SR.	Office/Position	Sport	F	S	JR.	SR.	COMMENTS
LANGUAGE CLUBS (SPECIFY-_____)											
NEWSPAPER											
LITERARY MAGAZINE											
OTHER CLUBS:											
						ACADEMIC AWARDS, HONORS, AND HONOR SOCIETIES: (SPECIFY OFFICES HELD)					
DRAMA PRODUCTIONS											
Cheerleading											
MUSIC:	BAND					WORK EXPERIENCE: _____ HRS /WK PLACE OF EMPLOYMENT _____					
	ORCHESTRA										
	CHOIR					F					
	OTHER					S					
OTHER SCHOOL ACTIVITIES:						JR.					
						SR.					
OTHER LEADERSHIP POSITIONS:											
OTHER ACTIVITIES: (LIST ANY AWARDS)						PREVIOUS COLLEGE(S) ATTENDED: (SPECIFY SCHOOL(S) AND DATES)					

**USE ADDITIONAL PAPER IF NEEDED TO BE AS DETAILED AS POSSIBLE ABOUT EACH ACTIVITY AND WORK EXPERIENCE**



