

PRISMA HEALTH.
THE TUOMEY FOUNDATION

May 18, 2026

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, this would not be possible. Through their efforts, the Scholarship Endowment was created to provide for educational opportunities for our Prisma Health Tuomey 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-three 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 23, 2026.

If you have any questions, please do not hesitate to contact me at 803-774-9037 or Ginna Gaymon at 803-774-9014. 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
803-774-9037
catherine.luebbert@prismahealth.org

SCHOLARSHIP ENDOWMENT

The Tuomey Foundation annually awards scholarship funds to eligible students pursuing higher education. Selection is based upon meeting all required documentation.

Eligibility

1. Current team member, team member legal dependents, team member legal spouses, team member legal wards, and volunteers of Prisma Health Tuomey Hospital and Prisma Health Medical Group – Tuomey based practices (“Applicant”).

Below further defines eligibility:

- a. Current full-time Prisma Health Tuomey campus team members with 1872 hours of work, between **May 1, 2025, and April 30, 2026**, and provide written confirmation of worked hours.
 - b. Current full-time team members’ legally dependent children and legal spouse.
 - c. Current full-time team members’ legally dependent grandchildren, or legal ward (must be legal guardian and provide proof of guardianship).
 - d. Current part-time or PRN team members must have worked a minimum of **250 hours** on the Tuomey campus, between **May 1, 2025, and April 30, 2026**, and provide written confirmation of worked hours.
 - e. Current Tuomey campus volunteers with **250 accumulated hours** of volunteer service between **May 1, 2025, and April 30, 2026**, and provide written confirmation of volunteered hours.
2. Applicants must be a South Carolina resident. Special consideration of residency will be given to military personnel and their dependents.
 3. Applicants must be accepted or currently enrolled in courses of higher education. This does not include certifications, continuing education classes, or high school dual enrollment.
 4. Applicants must submit completed application in its entirety. See checklist for requirements.
 5. Team member associated with Applicant must be actively employed at time the scholarship is awarded.

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. Application packets will become available in **May 2026**.
4. Scholarships are awarded for the academic year beginning **Fall 2026**.
5. Past recipients may apply in the next application cycle pending a GPA of 2.0 or greater. The application must be completed in its entirety. See checklist below.
6. Completed application and required documents must be received by The Tuomey Foundation office **no later than 12:00 pm on Thursday, July 23, 2026**. Failure to do so will result in disqualification.
7. Qualified applications will be reviewed, and Applicants interviewed (if necessary) by the Scholarship Advisory Committee during the month of **August 2026**.
8. Scholarship recipients will be notified by email and checks distributed by mail, no later than **August 31, 2026**.

Scholarship Application

Part I.			
Personal Data. Please type or print clearly.			
1.	Last Name:	First Name:	Middle Initial:
2.	Email Address:	Phone Number:	
3.	Mailing Address Street:		
	City:	State:	Zip Code:
4.	Date of Birth:		
5.	I certify I am a United States Citizen (check one): Yes No		
6.	Prisma Health Tuomey/Prisma Health Medical Group – Tuomey team member associated with Applicant (check one): Team Member (provide hours worked below) Team Member Spouse (provide team member name below and hours worked) Team Member Dependent (provide team member name below and hours worked) Legal Guardian (provide team member name below and hours worked) Volunteer (provide hours volunteered below) Name: _____ Department: _____ Provide number of hours worked or volunteered from May 1, 2025 through April 30, 2026. Team member/volunteer associated with application must provide verification of hours in writing from manager or Human Resources with the Scholarship Application. Full-time Hours: Part-time/PRN Hours: Volunteer Hours:		
8.	High School graduates complete Part II . College/University undergraduate and graduate students complete Part III .		

I attest that all information on this Scholarship Application is accurate and true to the best of my knowledge.

Name:

Date:

Part II.	
High School graduates complete the following information.	
1.	High School Attended:
2.	Graduation Date:
3.	GPA of _____ out of possible _____
4.	A recent transcript with cumulative grade point average must be directly mailed or emailed to The Tuomey Foundation office from the school or through Parchment. Photocopies or original transcripts submitted by the applicant will not be accepted.
5.	SAT Score: _____ ACT Score: _____
6.	I will be attending the following college/university in the Fall of 2026: Proof of acceptance from the above institution is required (i.e. dated acceptance letter).
7.	Major being considered: Number of years to complete:
8.	List your academic honors, awards, and membership activities:
9.	List class or student council roles, sports (league, Jr. varsity, varsity, captain), clubs, organizations, leadership positions, and any other school activities (i.e. Girls/Boys State, Governors School):
10.	List your community service activities, hobbies, outside interest, extracurricular activities, and employment:
11.	Two current letters of reference from non-related people. One must be from a past or present teacher. Current team member should provide one letter of reference from their immediate supervisor or manager. Letters must be mailed or emailed directly to The Tuomey Foundation office from the reference in a sealed envelope.
12.	Provide a 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.

Part III.	
College/University undergraduate and graduate students complete the following information.	
1.	College/University Attending:
2.	Expected Graduation Date:
3.	GPA of _____ out of possible _____
4.	A recent transcript with cumulative grade point average must be directly mailed or emailed to The Tuomey Foundation office from the school or through Parchment. Photocopies or original transcripts submitted by the applicant will not be accepted.
5.	Major:
6.	List your academic honors, awards, and membership activities:
7.	List class or student council roles, sports, clubs, organizations, leadership positions, and any other school activities:
8.	List your community service activities, hobbies, outside interest, extracurricular activities, and employment:
9.	Two current letters of reference from non-related people, one must be from a past or present teacher. Current team members should provide one letter of reference from their immediate supervisor or manager. Letters must be mailed or emailed directly to The Tuomey Foundation office from the reference in a sealed envelope.
10.	Provide a 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.

Part IV. Checklist for all Scholarship Applicants		
The following items must be received for the application to qualify for review by the Scholarship Advisory Committee.		
Yes	No	Completed, signed application form. (Pages 1-4)
Yes	No	Two current letters of reference from non-related people, one must be from a past or present teacher. Current team member should provide one letter of reference from their immediate supervisor or manager. Letters must be emailed or mailed directly to The Foundation office from the reference in a sealed envelope. Mailed to: The Tuomey Foundation Attn: Ginna Gaymon 115 N. Sumter Street, Suite 420A Sumter, SC 29150 Emailed to: virginia.gaymon@prismahealth.org
Yes	No	A recent transcript with cumulative grade point average must be directly mailed or emailed to The Tuomey Foundation office from the school or through Parchment. Photocopies or original transcripts submitted by the applicant will not be accepted. Mailed to: The Tuomey Foundation Attn: Ginna Gaymon 115 N. Sumter Street, Suite 420A Sumter, SC 29150 Emailed to: virginia.gaymon@prismahealth.org
Yes	No	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.
Yes	No	Verification of Prisma Health Tuomey/Prisma Health Medical Group – Tuomey team member or volunteer hours in writing from manager or Human Resources.
Yes	No	Provide a copy of college/university acceptance letter, if applicable.

**All information must be received no later than Thursday, July 23, 2026 by 12:00 noon.
No Exceptions.**

If you have any questions, you may contact The Tuomey Foundation at (803) 774-9014
or e-mail virginia.gaymon@prismahealth.org.