



## PALMETTO GOLD

SALUTING SOUTH CAROLINA NURSES FOR EXCELLENCE IN PRACTICE  
SUPPORTING NURSING EDUCATION WITH SCHOLARSHIPS

### Palmetto Gold Nurse Graduate Scholarship Program

The Palmetto Gold Nurse Recognition and Scholarship Program is pleased to announce the establishment of the Renatta S. Loquist Graduate Nurse Scholarship. This is the ninth year a graduate nurse scholarship is being offered by the Palmetto Gold Nurse Recognition and Scholarship Program. This is a competitive scholarship that stipulates that there will be one student selected from among the graduate nurse programs in South Carolina. The recipient of the award will be recognized along with the undergraduate scholarship recipients at the annual Gala to be held on Saturday, April 26, 2025, in Columbia.

#### **Directions for submitting application for the Palmetto Gold Renatta S. Loquist Graduate Nurse Scholarship:**

##### Dean/Director's responsibility:

1. Notify your Student Services office of the availability of this scholarship award and solicit interested students.
2. Select a student who best meets the criteria for the award and provide them with the application packet.
3. Verify the completeness of the application packet to include having the student sign the consent form for release of information.
4. **Email the entire packet to the Palmetto Gold Scholarship Selection Committee to: [ksuehaddock@gmail.com](mailto:ksuehaddock@gmail.com)**
5. **The application must be submitted by October 4, 2024, at 5:00 pm.**

##### Applicant's responsibility:

1. Complete the Application Form.
2. Provide relevant transcript and/or current nursing course progress record
3. Submit the essay as described in the criteria.
4. Sign the Release Form indicating whether or not you are willing to have your name and school included in the 2024 Palmetto Gold Gala Program.
5. Secure the required recommendations from two faculty members.
6. Turn all documents in to the Dean's office prior to the announced deadline date.
7. **Materials must be submitted via email for consideration no later than October 4, 2024, at 5:00 pm.**

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## SCHOLARSHIP INFORMATION

- I. **Amount:** \$2,000 will be awarded to one graduate student enrolled in one of the SC graduate nurse education programs.
  
- II. **Eligibility:** The criteria for the Renatta S. Loquist Graduate Nurse Scholarship include:
  - a. **Be a current resident of South Carolina.**
  - b. **Be enrolled in a SC graduate nursing program pursuing a Master's, DNP, or PhD in Nursing.**
  - c. **Be in good academic standing as verified by an unofficial transcript that designates the cumulative GPA.**
  - d. **Demonstrate evidence of leadership in nursing.**
  - e. **Intends to seek employment in SC upon graduation.**
  - f. **Submit two letters of recommendation from the faculty of the college in which the student is enrolled.**
  - g. **Attach a statement of the student's career goals upon graduation.**
  
- III. **Deadlines:** Applications for the Palmetto Gold Graduate Nurse Scholarship should be emailed to: [ksuehaddock@gmail.com](mailto:ksuehaddock@gmail.com)

**Deadline is October 4, 2024, at 5:00 pm.**

# PALMETTO GOLD

## **SCHOLARSHIP APPLICATION**

Application *must* include:

1. Completed application form below.
3. Letters of recommendation from one Nursing Instructor and the Director/Dean of the 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 2025 Palmetto Gold Gala.

If you have any questions or require additional information, please contact Sue Haddock (803) 206-3787 or [ksuehaddock@gmail.com](mailto:ksuehaddock@gmail.com)

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

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone#:** \_\_\_\_\_ **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?

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

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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 email with documents to the Palmetto Gold Scholarship Selection Committee at [ksuehaddock@gmail.com](mailto:ksuehaddock@gmail.com)**

**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?

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

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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 email with documents to [ksuehaddock@gmail.com](mailto:ksuehaddock@gmail.com) :