

St. LUKE'S CORNWALL HEALTH SYSTEM FOUNDATION

A Member of the **Montefiore**
HEALTH SYSTEM, INC.

Gift of Life 2024 Scholarship

Purpose:

To provide financial assistance to (1) graduating high school student planning to pursue a career in the field of nursing and who should be the son/daughter of a Montefiore St. Luke's Cornwall employee or an active Montefiore St. Luke's Cornwall volunteer.

Amount of Scholarship:

(1) \$3,000 scholarship

Eligibility Requirements:

- Candidate should be the son/daughter of a Montefiore St. Luke's Cornwall employee or an active Montefiore St. Luke's Cornwall volunteer.
- Candidate must plan to pursue a career in the field of nursing.
- Acceptance, by date of this application submission, to an accredited four-year college.
- Completed application submitted by the deadline.

Application Materials:

- Application filled out completely (*incomplete applications will not be considered*)
- Essay between 300 - 500 words explaining why you wish to pursue a career in nursing; which is to include matriculation date and graduation goal.
- Two (2) letters of recommendation (excluding family members)
- Completed Guidance Counselor form
- Currently Enrolled and Eligible for High School Graduation verified by a transcript.
- Proof of nursing college acceptance, to include college student account number.

All application materials must be submitted or post-marked by May 8, 2024.

Please send to:

St. Luke's Cornwall Health System Foundation
70 Dubois Street, Newburgh, NY 12550
Or email: Foundation@montefioreslc.org

For further information, please contact St. Luke's Cornwall Health System Foundation at (845) 568-2580 or Foundation@montefioreslc.org.

St. LUKE'S CORNWALL HEALTH SYSTEM FOUNDATION

A Member of the **Montefiore**
HEALTH SYSTEM, INC.

Gift of Life 2024 Scholarship

STUDENT APPLICATION FORM

(To be completed by student – please print clearly or type)

1. PERSONAL INFORMATION:

- A. Name (Last, First, Middle) _____
- B. Address _____
- C. Telephone _____
- D. E-mail Address _____
- E. Date of Birth _____
- F. Mother's Name _____
Occupation _____
- G. Father's Name _____
Occupation _____
- H. Guardian's Name _____

2. SCHOOL INFORMATION:

- A. Name of High School _____
- B. Name of Principal _____
- C. Telephone Number _____
- D. Address _____
- E. Anticipated Date of Graduation _____

3. CAREER PLANS:

- A. Name of college/trade school you plan to attend _____
- B. Address _____
- C. Have you been accepted? _____
- D. Why have you chosen this college/trade school? _____

- E. What health career do you plan to follow? _____

- F. What are your plans for achieving your career goal? _____

4. ACTIVITIES:

- A. Have you been active as a hospital volunteer? _____
 - 1. Location (Newburgh, Cornwall or Offsite) _____
 - 2. Department(s) where you volunteered _____

St. LUKE'S CORNWALL HEALTH SYSTEM FOUNDATION

A Member of the **Montefiore**
HEALTH SYSTEM, INC.

B. Briefly describe your experience(s) in your community or school – be specific about the positions held, your responsibilities and what you learned. _____

C. Have you been employed during the last two years? _____
If yes, name of employer(s), position and length of time _____

D. Briefly describe your other extracurricular activities during the past two years. _____

5. ESSAY:

Please attach an essay between 300 - 500 words double-spaced typed pages, explaining why you wish to pursue a career in nursing; which is to include matriculation date and graduation goal. Give any information that will aid the selection committee in evaluating your application. Content, grammar, and spelling will all weigh heavily on your selection.

6. RECOMMENDATIONS:

Please submit two (2) letters of recommendation with the application form. Letters may be submitted from your teachers, principal, clergy, employers, etc. **(letters from relatives are not acceptable).**

7. GUIDANCE COUNSELOR FORM:

Please have your guidance counselor fill out the Guidance Counselor Application form and return all of the above to the St. Luke's Cornwall Health System Foundation Office.

Please return this form by May 1, 2024 to:

St. Luke's Cornwall Health System Foundation

70 Dubois Street, Newburgh, NY 12550

or email to: Foundation@montefioreslc.org

TO BE COMPLETED BY HIGH SCHOOL GUIDANCE COUNSELOR

1. Name of Applicant _____

2. Candidate entered _____ in _____ and will graduate on _____

3. Describe courses pursued by applicant at your school _____

4. Leadership Influence:

- Strong
 Average
 Weak
 Negligible

8. Personality:

- Exceptional
 Pleasing
 Neutral
 Displeasing

5. Personal Responsibility:

- Accepts fully
 Partially accepts
 Sometimes refuses
 Usually refuses

9. Contribution to School Life:

- Exceptional
 Above average
 Average
 Negligible

6. Personal Initiative:

- Self-starter
 Responds to prodding
 Needs to be pushed
 Negligible

10. Academic Promise:

- Excellent
 Average
 Fair
 Poor

7. Maturity:

- Superior
 Good
 Average
 Immature

11. Describe applicant's major strengths and weaknesses _____

12. SAT or ACT Score(s) _____ Class rank if available _____

Counselor's printed name & title _____

School address _____ Counselor's email _____

Signature _____ Date _____

Gift of Life Scholarship