

Albert M. Berkelhamer 2024 Memorial Scholarship

We are pleased to make this scholarship possible through the generosity of the family and friends of Albert M. Berkelhamer.

Purpose:

To provide financial assistance to (1) graduating high school student who has completed 50 hours of volunteer service at Montefiore St. Luke's Cornwall and has demonstrated scholastic achievement.

Amount of Scholarship:

(1) \$1,000 scholarship

Eligibility Requirements:

- Candidate must have completed, by date of this application, 50 hours of volunteer service at Montefiore St. Luke's Cornwall.
- Proven acceptance, by the date of this application, to an accredited two or four-year college.
- Must demonstrate scholastic achievement showing a GPA of 85 or higher.
- Completed application submitted by the deadline.

Application Materials:

Application filled out completely (*incomplete application will not be considered*)

A signed letter from either the Montefiore St. Luke's Cornwall Human Resource department or from a representative within the department where the volunteer hours were completed. Letter must state the number of volunteer hours and the time frame in which they were completed.

Essay, 300-500 words on why you believe volunteerism and community service are important to you.

Please see four questions on page three.

Two (2) letters of recommendation (excluding family members)

Completed Guidance Counselor form

High School transcript verifying GPA of 85 or better

Proof of 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
to: Foundation@montefioreslc.org

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

Albert M. Berkelhamer
2024 Memorial 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 _____
- 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: YOU MUST FULLY ADDRESS ALL FOUR SECTION IN A CLEAR AND CONCISE MANNER.

In essay form, please explain the following in 300-500 words:

1. Why do you believe volunteerism and community service are important?
2. Describe your volunteer experience at Montefiore St. Luke's Cornwall and how that experience will benefit you in the future?
3. Why is receiving this scholarship important to you?
4. What are your goals for the future?

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.

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 _____