

**St. Luke's Cornwall Hospital Auxiliary
2019 Scholarship**

Purpose

To provide assistance to a graduating high school senior who plans to enter a health-related field.

Amount of Scholarship

\$1,000

Eligibility Requirements

1. Candidate must be the son/daughter of a St. Luke's Cornwall Hospital employee and/or be an active St. Luke's Cornwall Hospital volunteer.
2. Candidate must plan to pursue a career in a health-related field.
3. Acceptance, by date of this application submission, to an accredited two or four-year college.
4. All parts of the application must be returned together.
5. ***Application materials must be submitted or post-marked by April 19, 2019***
Please send them to:

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

Application Materials:

- Completed Application
- Essay of maximum 300 words, explaining why you want to pursue a career in the medical field
- Two (2) letters of recommendation
- Completed Guidance Counselor form

Selection Criteria

The candidate will be selected on the basis of scholastic achievement, a short essay explaining why they wish to pursue a career in the health-related field, two letters of recommendation, and guidance counselor form.

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

St. Luke's Cornwall Hospital Auxiliary
2019 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 you plan to attend _____
- B. Address _____
- C. Have you been accepted? _____
- D. Why have you chosen this college? _____

- 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:

Please attach an essay, no more than 300 words, explaining why you want to pursue a career in the medical field. Give any information that will aid the selection committee in evaluating your application, including number of children in your family and ages, any available resources for college tuition, etc. The content, grammar, and spelling will all weigh heavily in the selection process

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 SLCH Foundation Office.



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To Be Completed By Guidance Counselor

Instructions

Please complete the attached form for each student applying for the \$1,000 St. Luke's Cornwall Auxiliary Scholarship.

Please return the form to the student in a sealed envelope so he/she can include the form in their submission packet.

The application, essay, letters of recommendation and the attached Guidance Counselor form must be submitted and/or postmarked by **April 19, 2019**.

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



**St. Luke's Cornwall Hospital Auxiliary
2019 Scholarship
CONFIDENTIAL GUIDANCE COUNSELOR APPLICATION
(To be completed by applicant's 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 _____

Signature _____ Date _____

Printed name and title _____