Dr. Ernest G. Stillman
2020 Memorial Scholarship

Purpose:
To provide financial assistance to (1) graduating high school student planning to pursue a career in the medical field.

Amount of Scholarship:
(1) $1,000 scholarship

Eligibility Requirements:
• Candidate must plan to pursue a career in the medical field.
• Proven acceptance to a two or four-year college or trade training program.
• Proven academic achievement with a grade point average of 85 or better.
• Description of participation in community service projects or programs
• Completed application submitted by the deadline.

Application Materials:
1. Application filled out completely
2. Essay between 300 and 500 words explaining your goals in pursuing a medical career.
3. Two (2) letters of recommendation (excluding family members)
4. Completed Guidance Counselor form
5. High School transcript verifying GPA of 85 or better
6. Proof of college/trade training program acceptance

Application materials must be submitted or post-marked by May 29, 2020.

Please send to:
St. Luke’s Cornwall Health System Foundation
70 Dubois Street
Newburgh, NY 12550

or
Foundation@montefioreslc.org

For further information, please contact St. Luke’s Cornwall Health System Foundation at (845) 568-2580 or Foundation@montefioreslc.org.
Dr. Ernest G. Stillman
2020 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:
Please attach an essay between 300 and 500 words double-spaced typed pages, explaining your goals in pursuing a medical career. 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.
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

5. Personal Responsibility:
   _____ Accepts fully
   _____ Partially accepts
   _____ Sometimes refuses
   _____ Usually refuses

6. Personal Initiative:
   _____ Self-starter
   _____ Responds to prodding
   _____ Needs to be pushed
   _____ Negligible

7. Maturity:
   _____ Superior
   _____ Good
   _____ Average
   _____ Immature

8. Personality:
   _____ Exceptional
   _____ Pleasing
   _____ Neutral
   _____ Displeasing

9. Contribution to School Life:
   _____ Exceptional
   _____ Above average
   _____ Average
   _____ Negligible

10. Academic Promise:
    _____ Excellent
    _____ Average
    _____ Fair
    _____ Poor

11. Describe applicant’s major strengths and weaknesses________________________________________
_____________________________________________________________________________________

12. SAT or ACT Score(s)_________________________ Class rank if available_____________________

Signature___________________________________________ Date__________________________

Printed name and title________________________________________________________________________